

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input 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
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-007-1
5. APPLICANT INFORMATION			
Legal Name: State of Kansas		Organizational Unit: Department: Wildlife, Parks, Tourism	
Organizational DUNS: 816.5		Division: Fisheries	
Address: Street:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name:	
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Phone Number (give area code)	Fax Number (give area code)
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)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
TITLE (Name of Program): Sports Fish Restoration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Batwing Lake Restoration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Gotham City, Kansas			
13. PROPOSED PROJECT Start Date: 09/01/2014 Ending Date: 12/31/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 37,500.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 187,500.00		
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	First Name Doris	Middle Name L.	
Last Name Fishfinn		Suffix	
Title		c. Telephone Number (give area code)	
Signature of Authorized Representative		e. Date Signed	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need:

Improve Sport fishing & Increase Recreational use of Fishery
The Batwing Lake ^{Fishery} ~~Scenario~~ has degraded due to turbidity and the abundance of carp. A city survey along with angler complaints have documented the need for increased recreational angling opportunities. By not improving this urban fishery we risk losing the potential opportunity to recruit and retain future anglers.

Objectives:

Draw down Batwing Lake to 20 acres by 11-31-14.
Reduce existing population at minimum of 45% by 03-31-2015
Restock Batwing Lake with 3-sports fish species by 08-01-2015

Expected Results and Benefits:

Improving aquatic habitat and restoration of sports fish populations.
Improving the angling experience to enhance the social, economical, and ~~restoration~~ recreational values of this urban fishery with the expectation of recruiting and retention of future anglers.

Approach:

The state agency personnel will conduct these actions. We want to draw down Batwing Lake to 20 acres. We will apply rotenone to reduce ~~to~~ the existing fish populations, allowing then for the natural recovery from this application and partial refilling of Batwing Lake. We will then reintroduce 3-sport fish.

Approach- continued:

Useful Life

Not applicable with no new construction or equipment

Geographic Location

GPS coordinantes for Batwing Lake with the legal description and map.

Principal Investigator:

District fisheries biologist

Program Income:

We do not expect any income

Costs by Project and Subaccount

We see personnel, materials and equipment, fish, administration, and travel

Multi Purpose Projects

Not applicable.

Relationship to Other Grants

Not applicable

Timeline

Drawdown will be completed by December 2014. Rotenone application and fish removal will be completed by April 2015. Stocking of the sport fishes will be completed by August 2015. Final project report completed by December 2015.

Multiyear Projects

Not applicable

List all of the supporting documents needed for approval of the grant application package.

NEPA, Section 7, Section 106, maps, budget, assurances, SF 424, state process documents, project statement

PAGE LEFT INTENTIONALLY BLANK



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED Aug 6, 2014	Applicant Identifier 99-88-77-66
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction - X		3. DATE RECEIVED BY STATE	State Application Identifier 6-14-A-1
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Gotham City Dept. of Natural Resource		Organizational Unit: Department: Fisheries Bureau	
Organizational DUNS: 311666		Division: Urban Fisheries	
Address: Street: 123 Bat Cave		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Gotham City		Prefix: Dr.	First Name: Doris
County: Penguin		Middle Name: Lake	
State: GA		Last Name: FishFinn	
Zip Code: 10011	Suffix:		
Country: U.S.A.		Email: DLakeFinn@gcdnr.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 06-1234567	Phone Number (give area code) 404-567-8900	Fax Number (give area code) 404-567-0000
---	---	---

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) A Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 LE (Name of Program): Sport Fish Restoration	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
---	---

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Batwing Lake Restoration
--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Gotham City, Penguin County	13. PROPOSED PROJECT Start Date: Jan 1, 2015 Ending Date: Dec 31, 2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 7 b. Project 7
---	---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 150,000	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 50,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 50,000	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0	
g. TOTAL \$ 200,000	

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: Robin	Middle Name:
Last Name: Laidenegg		Suffix:
Title: Executive Director		c. Telephone Number (give area code): 404-567-8900
Signature of Authorized Representative: Robin Laidenegg		e. Date Signed: Aug. 5, 2014

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need: Batwing Lake, ~~Atlanta~~ GA

Provide sport-fishing opportunity for public

Sport Fish & Restoration Act

Increase fishing opportunity in an urban environment

Objectives: SMART

Erradicate carp - 100% (non-target species) within ~~2~~¹ year period

Restock with largemouth bass (spring) - minimum of 2500

[Season to stock]

^{completely} Erradicate carp and restock Batwing Lake with largemouth bass within the grant period.

Expected Results and Benefits:

[2-year project]

Improve sport-fishing opportunity

Public access may increase resulting in future grant needs

[Future access opportunities - Sport Fish Grant
Future boating opportunities - Boating Infrastructure]

Future need for ~~some~~^{additional} stock assessment

Approach:

- (3) Ensure 100% erradiction via ~~fish~~ stock assessment
- (2) Rotenone 2 times/yr - fall & spring
Requested date Jan 1, 2015 for grant award
- (1) Drawdown lake via release from dam prior to spawning of carp to necessary levels to apply rotenone
- (4) Allow lake to refill (close dam) after reached objective 1
- (6) Restock w/target fish
- (5) Ensure W.Q. is sufficient to support largemouth bass

P.I. Doris Fishinn

Approach- continued:

Useful Life

Indefinite

Geographic Location

Batwing Lake, Gotham City

Principal Investigator:

Dois Fishinn

Program Income:

NA

Costs by Project and Subaccount

#150,000 - F (25% match)
50,000 - Agency

Multi Purpose Projects

NA

Relationship to Other Grants

~~Access grant~~ ^{restocking} ^{future}
Sport fish (monitoring & stocking) & access, education (fishing days), boardwalk access

Timeline

2 year - Dec 31, 2016

Jan 1, 2015 start award; Early spring/spring drawdown

Spring/Fall 2015 Rotenone

Spring 2016 - stock assessment

early summer
Spring/~~restock~~ - restock

Multiyear Projects

NA

Interim reports

List all of the supporting documents needed for approval of the grant application package.

NEPA - EA

ESA - no affect

NHPA - letter of findings (we don't anticipate any)

424a - Budget

424B & D - Assurances

SE-LLL (Lobby Disclosure Form)

~~424~~

Budget narrative

COE permit

PAGE LEFT INTENTIONALLY BLANK



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED Aug. 6, 2014	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-007-1

5. APPLICANT INFORMATION

Legal Name: State of Euphoria
~~Batwing Lake Restoration Gotham City~~
 Wildlife + Fisheries

Organizational Unit: Fisheries
 Department: Fisheries
 Division: Resource Division

Organizational BUNS: 12-3456789

Address: 123 Main
 Street: Gotham City
 City: Goth
 County: Euphoria
 State: USA
 Zip Code: 12345

Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix: L. First Name: M.
 Middle Name: BASS
 Last Name: BASS
 Suffix:
 Email: Large mouth@fish.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
12-3456789

Phone Number (give area code): (303) 123-4567
 Fax Number (give area code): (303) 789-1234

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
AA A
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-605

LE (Name of Program): Sport Fish Restoration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Batwing Lake Restoration

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Gotham City

13. PROPOSED PROJECT
 Start Date: October 1, 2014 Ending Date: September 30, 2015

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 3 b. Project 3

15. ESTIMATED FUNDING:

a. Federal	\$ <u>150,000.00</u>
b. Applicant	\$ <u></u>
c. State	\$ <u>50,000.00</u>
d. Local	\$ <u></u>
e. Other	\$ <u></u>
f. Program Income	\$ <u></u>
g. TOTAL	\$ <u>200,000.00</u>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. 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: First Name: Doris Middle Name: L.
 Last Name: Fishfinn Suffix:
 Title: Grants Administrator
 Signature of Authorized Representative: Doris J. Fishfinn
 c. Telephone Number (give area code): (123)-444-9999
 e. Date Signed: 8/6/14

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need: Batwing Lake, the 50-acre warm-water fishery in Gotham City, has degraded due to turbidity and the abundance of carp. Recreational anglers have complained about not being able to catch largemouth bass.

Results of a use survey by the city, showed a majority of fishing is done by ethnic groups and the poor. If the proposed project is not funded, the poor and ethnic groups will be denied the opportunity to participate in sport fishing.

Objectives:

1. Restock a minimum of 5,000 largemouth bass fingerlings by September 30, 2015.
2. Decrease carp population by at least 50 percent by electrofishing + lake drawdown.
3. Inform the public by holding open houses and public meetings.

Expected Results and Benefits:

Improved recreational fishing in Batwing Lake.
Increased recruitment and retention of economically disadvantaged anglers.
Reduction in carp population.
Increase in largemouth bass population.

Approach:

First quarter - Public meetings and open houses will be conducted. attain all applicable compliance authorizations. ~~Carp~~ Lake survey of carp + largemouth bass population, assess water quality.

Second quarter - Data analysis and drawdown of lake. Electrofishing.

Third Quarter - Raise the level of the lake. Restock with large-mouth bass fingerlings.

Fourth Quarter - final assessment by re-surveying the lake for water quality and fish populations.

Approach- continued:

Staff Biologist (grant manager) will be responsible for overseeing and coordinating management efforts of contractors.

Useful Life

Ongoing N/A

Geographic Location

Baturing Lake, Gotham City, Euphoria, USA

Principal Investigator:

N/A

Program Income:

N/A

Costs by Project and Subaccount

Salaries - \$50,000.00

Contracted Services = Contractual - \$150,000.00

Multi Purpose Projects

N/A

Relationship to Other Grants

N/A

Timeline

October 1, 2014 to September 30, 2015.

Multiyear Projects

Annual management and monitoring of fish populations in Batwing Lake.

List all of the supporting documents needed for approval of the grant application package.

404 Permit

NEPA - Cat Ex determination recommended

SHPO - Concurrence letter attached.

Section 7 - Concurrence letter attached

Water Quality Permit - NPDES Permit

THPO - did not respond within 30 days.

PAGE LEFT INTENTIONALLY BLANK



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/06/2014	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier F-007-1
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Justice Dept. of Natural Resources	Organizational Unit: Department: Natural Resources
Organizational DUNS: 77777777	Division: Fish
Address: Street: 1000 Batcave Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robin
City: Gotham City	Middle Name
County:	Last Name Robin
State: Justice Zip Code 00000-0000	Suffix:
Country: USA	Email: robin.robin@justice.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
83-00000001

Phone Number (give area code) (100) 222-2222
Fax Number (give area code)

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
A
Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-605

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Batwing Lake Restoration

LE (Name of Program): Sport Fish Restoration

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT
Start Date: 07/01/2014 Ending Date: 06/30/2017

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant JU-001 b. Project JU-A11

15. ESTIMATED FUNDING:

a. Federal	\$ 150,000.00
b. Applicant	\$
c. State	\$ 50,000.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 200,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
 b. No PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. 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 Ms.	First Name Doris	Middle Name L.
Last Name Fishinn		Suffix
Title Federal Assistance Coordinator		c. Telephone Number (give area code) (100) 555-5555
Signature of Authorized Representative		e. Date Signed 06/06/2014

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need:

Due to poor water quality and limited access, recreational use is limited. If we improve water supply quality and access, recreational use will increase. Recreational use has been limited to minorities + poor populations due to carp. If we do nothing, the lake will effectively die. We want to undertake this project to increase recreational usefulness.

Objectives:

1. Increase water clarity to 8 feet by June 30, 2016
2. Increase usage by recreational anglers by 25% by June 30, 2017.

Expected Results and Benefits:

- * the result of improved water quality will benefit user diversity + population
- * increased recreational angling
- * economy will be stimulated through license sales and add benefit to local economy.
- * improved water quality will benefit lake ecosystem.

Approach:

- The initial task will be to complete a full drawdown of the basin via a designed and constructed water control structure.
- Install fishing pier with ADA access + adjacent bathrooms.
 - Administer rotenone in feeder creek
 - Refill basin
 - Restock with fish and complete survey on recreational use and water clarity.

Approach- continued:

Useful Life

structures - 30 years

Geographic Location

Batwing Lake, Gotham City

Principal Investigator:

Robin, Certified fish biologist

Program Income:

none

Costs by Project and Subaccount

water control structure - 30,000	stocking - 20,000
retenone - 5,000	personnel/indirect/
pier + ADA - 50,000	admin - 35,000
bathrooms - 50,000	
biological surveys - 10,000	

Multi Purpose Projects

N/A

Relationship to Other Grants

None

Timeline

3/31/15 - permits & design

10/31/15 - refill

4/30/15 - structure, drawdown, rotenone

4/30/15 - ^{restocking} ~~water clarity~~

5/31/15 - pier construction

6/30/16 - water clarity

5/31/17 - survey/
biological monitoring

Multiyear Projects

None

List all of the supporting documents needed for approval of the grant application package.

Nepa

404 permit

SHPO

Section 7

Assurances

engineers cost estimate

budget narrative

PAGE LEFT INTENTIONALLY BLANK



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier <u>96-09-30-02</u>
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier <u>62-15-D-1</u>
			4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>Dept of Natural Resources</u>		Organizational Unit: Department: <u>Natural Resources</u>	
Organizational DUNS: <u>55-5555555</u>		Division: <u>Fish and Wildlife</u>	
Address: Street: <u>123 Madrup Street</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>MS</u> First Name: <u>Doris</u>	
City: <u>Gotham City</u>			
County: <u>Ramsey</u>		Middle Name: <u>L</u>	
State: <u>MN</u> Zip Code: <u>55155</u>		Last Name: <u>Fishfinn</u>	
Country: <u>USA</u>		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>88-88888888</u>		Email: <u>doris.fishfinn@state.mn.us</u>	
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) <u>State</u> Other (specify)	
		9. NAME OF FEDERAL AGENCY: <u>U.S. Department of Interior, Fish and Wildlife Service</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>08-008</u> Title (Name of Program): <u>Sport Fish Restoration</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Batwing Lake Restoration</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Gotham City near Batwing Lake</u>			
13. PROPOSED PROJECT Start Date: <u>7/1/15</u> Ending Date: <u>6/30/17</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>20</u> b. Project <u>18</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>150,000.-</u>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>50,000.-</u>	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	
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ <u>0.00</u>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ <u>200,000.-</u>		
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: <u>MS</u>	First Name: <u>Doris</u>	Middle Name: <u>L</u>	
Last Name: <u>Fishfinn</u>		Suffix:	
Title: <u>Manager, Fisheries Section</u>		c. Telephone Number (give area code): <u>651-259-5631</u>	
Signature of Authorized Representative: <u>Doris Fishfinn</u>		e. Date Signed: <u>9/1/14</u>	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need:

This project will address poor water quality & a lack of recreational access on Batwing lake. Gotham City surveys this lake is used by the community, but isn't meeting their needs. If this project is not implemented, the fishery will continue to decline and recreational opportunities will remain poor.

Objectives:

The proposed project will improve water quality & recreational opportunities in Batwing Lake by:

1. Removing the current fish population by 8/1/15;
2. Dredging 50 acres ft of the marsh area by 10/1/15;
3. Creating 3 fishing piers by 4/1/16; and
4. Stocking the lake with 3 _{sport} fish species by 6/30/17.

Expected Results and Benefits:

The expected benefits of the project activities include:

1. Improving water quality by removing undesirable fish species; and
2. Improving recreational opportunities for the community by creating additional fish habitats, restocking w/ appropriate fish species and building piers.

Approach:

Draw down lake to < 10 acres and apply rotenone; Contractor to dredge 10 acres of marsh on East side of lake to depth of 5 feet;

Contractor to use dredge material ^{and v. prop} to construct 3 fishing piers along South side of lake;

Add handicap accessible sidewalk to piers closest to parking lot; and

Reintroduce ⁵⁰⁰⁰ harvestable-sized Channel catfish & ^{fingerling bluegill} in 1st year of project; and

Reintroduce 2500 largemouth bass in 2nd year of project.

Proposed TRACS Categories, Strategies & Activities:

Approach- continued:

Level 1	Level 2	Level 3
Direct mgmt of nat. res.	Invasive sp. Control	Animal-Chemical
Species re-intro & Stocking	Native sp restor.	Propagation/Stocking
Facilities & Areas ^(O&M)	Public fish. areas	Fishing piers
		Access roadways
Direct mgmt of nat. resources	Create new habitat or nat. processes	Habitat Conversions

Useful Life

The riprap piers are expected to last for 20 years.

Geographic Location

Butwing Lake in Gotham City, Ramsey County, MN.

Principal Investigator:

Brian Sowards, Fisheries Specialist, MN DNR, 123 Makeup Street, Gotham City, MN, 55115 (651) 259-5178, will lead this lake restoration project.

Program Income:

~~None~~ None anticipated

Costs by Project and Subaccount

\$150,000 (Federal share) / \$50,000 (state) = \$200,000 TOTAL

No pre-agreement cost requested

No in-kind goods or services; match coming from state employee salaries

All costs to subaccount 5220 (\$150,000)

Subcontract of \$20,000 for dredging.

Multi Purpose Projects

NA

Relationship to Other Grants

~~None~~ None

Timeline

Overall: July 1, 2015 to June 30, 2017.

- 1. Remove current fish species by 8/1/15;
- 2. Dredge marsh area by 10/1/15;
- 3. Create fishing piers by 4/1/16; and
- 4. Restock lake by 6/30/17.

Multiyear Projects

NA.

List all of the supporting documents needed for approval of the grant application package.

Section 7

NEPA

Statement of assurances

SHPO

State process docs

SF-424a (budget sheet)

Project site map showing areas of proposed work.

Appropriate project permits

PAGE LEFT INTENTIONALLY BLANK



group 6

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Gotham Fish & Wildlife Commission			Organizational Unit: Department:	
Organizational DUNS: 8075309			Division: Fisheries	
Address: Street: 123 Bat Cave Way			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Gotham			Prefix: Mrs	First Name: Doris
County: Wayne			Middle Name: L.	
State: Gotham			Last Name: Finfish	
Zip Code: 33904			Suffix:	
Country: USA			Email: doris.finfish@gfwc.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-2345678			Phone Number (give area code) (123) 555-7788	Fax Number (give area code) (123) 555-6644
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) A - state	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>			Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Gotham City			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Batwing Lake Restoration	
13. PROPOSED PROJECT Start Date: 10/1/14 Ending Date: 9/30/15			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: G-010 b. Project: G-010	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	150,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	20,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	30,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	200,000		
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: Mrs	First Name: Doris		Middle Name: L	
Last Name: Finfish			Suffix:	
Title: Director			c. Telephone Number (give area code) (123) 555-7788	
d. Signature of Authorized Representative			e. Date Signed: 8/6/14	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Batwing Lake Project Statement

Need:

Batwing Lake in Gotham City has degraded and public access has been restricted. Large mouth bass population no longer supports recreational fishery.

There is a need to increase public access and utilization of the fishery resources in the lake. If the lake is not improved sport fishing and recreational activities will be lost in an urban community.

Objectives:

Treat 50 acres to control

- ① ~~Remove~~ common carp by piscicide treatment.
- ② Create public fishing access by constructing 2 fishing piers and 1 carry-down access.
- ③ Re-stock the lake with 1,250 large-mouth bass, 25,000 bluegill fingerlings and 5,000 channel cat-fish fingerlings.

Expected Results and Benefits:

This project will increase staff of Gotham City Park staff to improve public access and recreational opportunities for diverse urban public at Gotham City Park. Additionally, this project will remove invasive species and re-store native sport fish populations. Furthermore, technical assistance w/ adjacent landowners will influence responsible stewardship of land, water and fish populations.

Approach:

The Gotham Fish & Wildlife Commission will draw down the lake and apply rotenone to the existing fish population and re-stock it with 25 large-mouth bass per acre, 500 bluegill per acre and 100 channel cat-fish per acre. Rotenone will be applied for standard application methods per MSDS, to remove carp population from the lake. Bluegill and catfish large-mouth bass will be stocked during the fall and large-mouth bass will be stocked the following spring per standard fish-management methodology.

Building materials for the fishing piers and carry-down access will be provided by XYZ manufacturing and Acme Corporation.

Basic Grants Management Course

evidence - surveys or studies

all beyond of grant period

clearly purpose and cleaning address something

construction = contract

Approach- continued:

Fishing piers and carry-down access will be ^{ADA} ~~over~~ compliant.
Agency staff will organize a workshop with local stakeholders to provide technical assistance for future management actions.

- Level 1 - category - Direct management of Natural Resource
- Level 2 - Invasive Species Control
- Level 3 - Animal - chemical
- Level 1 - Species Re-Intro. stocking
- Level 2 - Production and stocking for rec. purposes
- Level 1 - category - Facilities In Areas
- Level 2 - Public Fishing Access/areas
- Level 3 - carry-down and fishing piers
- Level 1 - Tech. Asst.
- Level 2 - Tech Asst

Useful Life

30 years useful ^{life} on fishing piers and on carry-down access per SAAM.

Geographic Location

Gotham City Park - Gotham Township Quad
Wayne District.

Principal Investigator:

~~Commissioner~~
Commissioner Gordon
123 Batcave way
Gotham, Gotham 33904
(123) 555-7788 ext. 012

Program Income:

0

Costs by Project and Subaccount

Total federal costs \$150,000 with \$30,000 in-kind and \$20,000 state.
Total project cost \$200,000.

- Salaries 120,000
- Travel 5,000
- Supplies 36,818
- Contractual 20,000
- Equipment 0

Direct 181,818
10% Indirect 18,182

Basic Grants Management Course

200,000 - Project total (State & Federal)

Breakdown

25% = 50,000 / Federal - 75% = 150,000

Multi Purpose Projects

not applicable

Relationship to Other Grants

not applicable

Timeline

One-year

Oct 1, 2014 - Sept 30, 2015

Multiyear Projects

not applicable

List all of the supporting documents needed for approval of the grant application package.

NEPA - if required EA or EIS

Sect. 7

Sect. 106

Any applicable permits

Site diagram

Assurances

SF424A

PAGE LEFT INTENTIONALLY BLANK

