

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

E: Other (specify)

* Other (Specify):

Contract Services

* 3. Date Received:

10/19/2016

4. Applicant Identifier:

F12AF70025

5a. Federal Entity Identifier:

F12AF70025

5b. Federal Award Identifier:

F12AF70025

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Baldwin County Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN):

[REDACTED]

* c. Organizational DUNS:

[REDACTED]

d. Address:

* Street1:

312 Courthouse Square, Suite 15

Street2:

* City:

Bay Minette

County/Parish:

Baldwin

* State:

AL: Alabama

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

36507-4809

e. Organizational Unit:

Department Name:

Grants

Division Name:

Budget

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Travis

Middle Name:

* Last Name:

McHenry

Suffix:

Title:

Chief Accountant

Organizational Affiliation:

* Telephone Number:

251-937-0386

Fax Number:

251-580-2536

* Email:

tmchenry@baldwincountyal.gov

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*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Fish and Wildlife

11. Catalog of Federal Domestic Assistance Number:

15.668

CFDA Title:

Coastal Impact Assistance Program

*** 12. Funding Opportunity Number:**

FWS-CIAP

* Title:

Coastal Impact Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

BC-1- Wetland and Waterways Protection

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="114,453.19"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="114,453.19"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

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)**

** 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: