

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/22/2004	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION					
Legal Name: Friends of the Monterey Bay			Organizational Unit: Department: Education Department		
Organizational DUNS: (**SEE SUPPLEMENTAL INSTRUCTIONS**)			Division: Professional Development Division		
Address: Street: 123 Main Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Monterey			Prefix: Ms	First Name: Jennifer	
County: Monterey			Middle Name Stanton		
State: California			Last Name Williams		
Zip Code 93940			Suffix:		
Country: United States of America			Email: jwilliams@friendsmb.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1 2 - 3 4 5 6 7 8 9			Phone Number (give area code) (831)333-1234		Fax Number (give area code) (831)333-5678
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) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 4 2 9			9. NAME OF FEDERAL AGENCY: NOAA		
TITLE (Name of Program): Marine Sanctuary Program (**SEE SUPPLEMENTAL INSTRUCTIONS**)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LIMPETS: Long-term Monitoring Program and Experiential Training for Students		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey County					
13. PROPOSED PROJECT Start Date: 08/01/2004			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th		
Ending Date: 07/31/2005			b. Project 17th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	48,905	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	44,054	DATE:		
c. State	\$		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	500	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	93,459			
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 Theresa		Middle Name Bell	
Last Name Benson			Suffix		
b. Title Director			c. Telephone Number (give area code) (831)333-7865		
d. Signature of Authorized Representative			e. Date Signed 01/21/2004		