OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

		2. DATE SUBMITTED March 27, 2003	Applicant Identifier
1. **TYPE OF SUBMISSION:** Application ___ Construction _X_ Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier **SAI Exempt**
		4. DATE RECEIVED BY FEDERAL AGENCY	**Federal Identifier** **40-03-GP-55R**

5. APPLICANT INFORMATION

Legal Name: Delaware Tribe of Indians	Organizational Unit: NAGPRA
Address *(give city, county, State, and zip code):* 220 NW Virginia Avenue Bartlesville, OK 74003	Name and telephone number of person to be contacted on matters involving this application *(give area code)* Brice Obermeyer (918) 336-5272
6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* **73 - 0948981**	**7. TYPE OF APPLICANT**: *(enter appropriate letter in box)* __K__ A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _Nonprofit_
8. TYPE OF APPLICATION: _X_ New ___ Continuation ___ Revision If Revision, enter appropriate letter(s) in box(es) ___ ___ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other *(specify):*	**9. NAME OF FEDERAL AGENCY:** National Park Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 9 2 2 TITLE: Native American Graves Protection and Repatriation	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** FY 2003 NAGPRA Grant (GP) Delaware Tribe of Indians-Ellis Island Repatriation
12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)* NJ, NY, PA, DE, OH, IN, MO, KS, OK	

13. PROPOSED PROJECT:		**14. CONGRESSIONAL DISTRICT OF:**	
Start Date 4/1/03	Ending Date 7/31/03	a. Applicant 1	b. Project 1

15. ESTIMATED FUNDING:	
a. Federal	$ 14,426
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	**$ 14,426**

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 _X_ 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.
__X__ 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Joe Brooks	Chief	(918) 336-5272 x200
d. Signature of Authorized Representative Joe Brooks		e. Date Signed 5-16-03

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Standard Form 424 (REV 4-88)Prescribed by OMB Circular A-102

MAY 29 2003