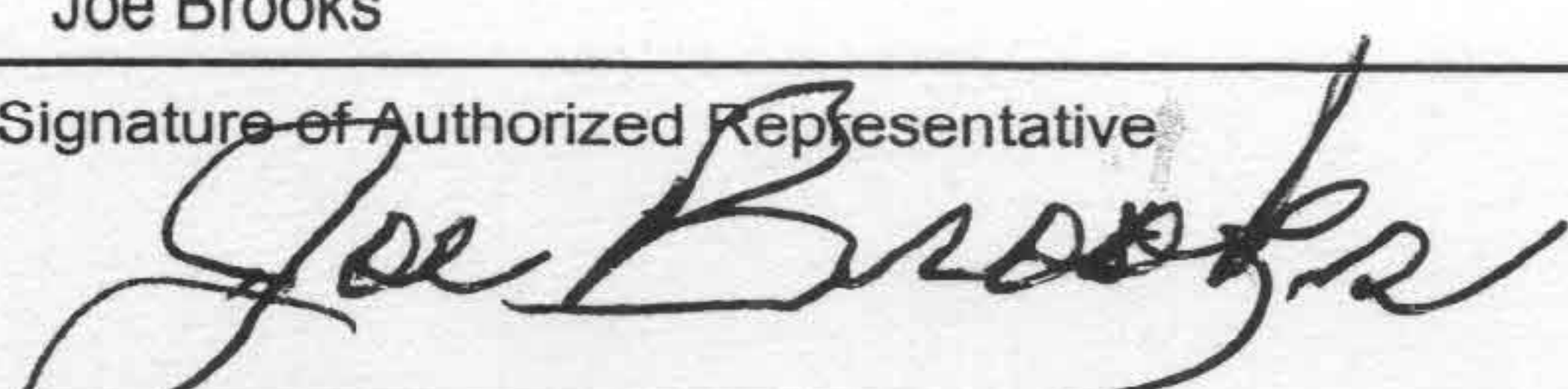


APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED March 27, 2003	Applicant Identifier
Application ☐ Construction ☒ 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) <u> K </u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u>	
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) <u> </u> <u> </u> 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: <u> 1 </u> <u> 5 </u> - <u> 9 </u> <u> 2 </u> <u> 2 </u> 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 <u> 1 </u>	b. Project <u> 1 </u>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,426	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <u> X </u> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 14,426	<u> </u> Yes If "Yes" attach an explanation. <u> X </u> 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 Joe Brooks		b. Title Chief	c. Telephone Number (918) 336-5272 x200
d. Signature of Authorized Representative 		e. Date Signed <u>5-16-03</u>	