

# APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 11/18/2003	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier SAI Exempt
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: Delaware Tribe of Indians	Organizational Unit:
Address (give city, county, State, and zip code): 220 NW Virginia Ave 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 x 558

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7 3 -- 0 9 4 8 9 8 1

## 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) <u>Non-Profit</u>               |

## 8. TYPE OF APPLICATION:

☒ 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 2004 Delaware Tribe of Indians NAGPRA Documentation Grant

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

N/A

## 13. PROPOSED PROJECT:

Start Date  
7/1/2004

Ending Date  
7/1/2005

## 14. CONGRESSIONAL DISTRICT OF:

a. Applicant 1

b. Project 1

## 15. ESTIMATED FUNDING:

a. Federal	\$ 74,948.45
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	
g. TOTAL	\$74,948.45

## 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. Typed Name of Authorized Representative Joe Brooks	b. Title Chief	c. Telephone Number (918) 336-5272 X 558
d. Signature of Authorized Representative	e. Date Signed	