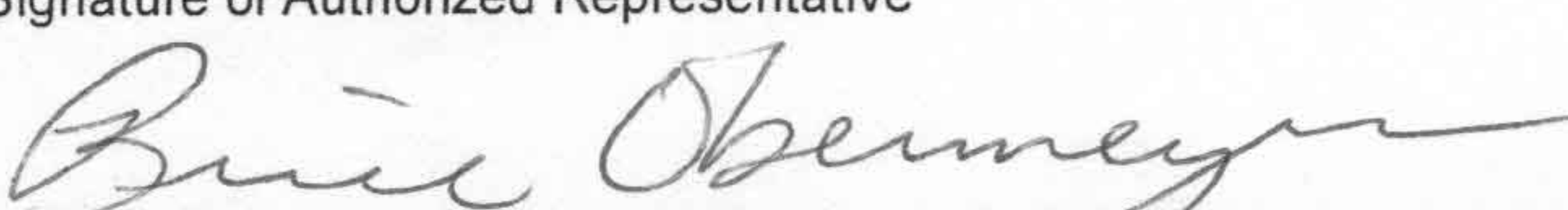


APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 8/18/09	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		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): Bartlesville, Washington County, Oklahoma, 74006		Name and telephone number of person to be contacted on matters involving this application (give area code) Brice Obermeyer (918) 335-7026	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): _7_ _3_ -- _0_ _9_ _4_ _8_ _9_ _8_ _1_		7. TYPE OF APPLICANT: (enter appropriate letter in box) _K_ <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> 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) _Non-Profit_ </div> </div>	
8. TYPE OF APPLICATION: _X_ New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> 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: Repatriation and Reburial of Human Remains and Funerary Objects from the Delaware Water Gap National Recreation Area	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Washington Co., Oklahoma and Sussex Co., New Jersey			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 09/01/09	Ending Date 10/30/09	a. Applicant _1_	b. Project _OK and NJ_
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$14994.58	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. NO <input checked="" type="checkbox"/> 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	\$14994.58	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Brice Obermeyer		b. Title NAGPRA Representative	c. Telephone Number (918) 335-7026
d. Signature of Authorized Representative 		e. Date Signed 8/18/09	