

# APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

## 1. TYPE OF SUBMISSION:

Application  
☐ Construction  
☒ Non-Construction

2. DATE SUBMITTED  
3/1/2010

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):  
170 NE Barbara Avenue  
Bartlesville, OK 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

- |                     |  |
|---------------------|--|
| 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 2010 Delaware Tribe of Indians Documentation Grant

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

N/A

## 13. PROPOSED PROJECT:

Start Date  
8/1/2010

Ending Date  
2/1/2012

## 14. CONGRESSIONAL DISTRICT OF:

a. Applicant   1  

b. Project   1  

## 15. ESTIMATED FUNDING:

a. Federal \$ 89,795.81

b. Applicant \$ 19,370.00

c. State \$

d. Local \$

e. Other \$

f. Program Income

g. TOTAL \$109,165.81

## 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  
Jerry Douglas

b. Title  
Chief

c. Telephone Number  
(918) 336-5272

d. Signature of Authorized Representative

e. Date Signed  
2-25-10