OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 01/08/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Common Ground Relief, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): (k)(4) [redacted]

* c. Organizational DUNS: (k)(4) [redacted]

d. Address:

* Street1: 1800 Deslonde Street
Street2:
* City: New Orleans
County/Parish: Orleans
* State: LA: Louisiana
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 70117-4032

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
* First Name: Thomas
Middle Name:
* Last Name: Pepper
Suffix:

Title: Executive Director

Organizational Affiliation:
Common Ground Relief, Inc.

* Telephone Number: (504) 583-0742
Fax Number:

* Email: (k)(6) [redacted]

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-15-01

* Title:

Environmental Justice Small Grants Program - Application Guidance FY2015

13. Competition Identification Number:

NONE

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Common Ground Relief Youth Wetlands Education and Outreach Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: LA-2

* b. Program/Project: LA 1,2

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2015

* b. End Date: 07/31/2016

18. Estimated Funding ($):

* a. Federal	30,000.00
* b. Applicant	12,280.00
* c. State	0.00
* d. Local	0.00
* e. Other	5,623.00
* f. Program Income	0.00
* g. TOTAL	47,903.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ____.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

* First Name: Thomas

Middle Name:

* Last Name: Pepper

Suffix:

* Title: Executive Director

* Telephone Number: (k)(6) [redacted]

Fax Number:

* Email: (k)(6) [redacted]

* Signature of Authorized Representative: Bonnie Goldblum

* Date Signed: 01/08/2015