OMB Number: 4040-0004

Expiration Date: 03/31/2029

Application for Federal Assistance SF-424

Version 04

* 1. Type of Submission:
- ( ) Preapplication
- (•) Application
- ( ) Changed/Corrected Application

* 2. Type of Application:
- (•) New
- ( ) Continuation
- ( ) Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

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: NATURAL RESOURCES, MARYLAND DEPARTMENT OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 526002033

* c. UEI: USMJTDLGM6X8

d. Address:

* Street1: 580 TAYLOR AVE BLDG B4

Street2:

* City: ANNAPOLIS

County:

* State: Maryland

Province:

* Country: UNITED STATES

* Zip / Postal Code: 21401-2364

e. Organizational Unit:

Department Name: Maryland Dept of Natural Resources

Division Name: Engineering & Construction

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

Prefix: Ms.

* First Name: Jennifer

Middle Name:

* Last Name: Jackson

Suffix:

Title: Statewide Federal Boating Access Project Coor

Organizational Affiliation:

State of Maryland, Dept. of Natural Resources

* Telephone Number: 410-897-2153

Fax Number:

* Email: jenniferl.jackson@maryland.gov

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9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOI-US Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration

*** 12. Funding Opportunity Number:**

F-FWS-WSFR-26-004

* Title:

F-FWS-WSFR-26-004 FY26 Region 5 Sport Fish Restoration Grant Program

13. Competition Identification Number:

F-FWS-WSFR-26-004-120291

Title:

F-FWS-WSFR-26-004 FY26 Region 5 Sport Fish Restoration Grant Program

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

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

Point Lookout State Park Boat Launch & Marina Infrastructure Improvements

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant: MD-005

* b. Program/Project: MD-005

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

17. Proposed Project:

* a. Start Date: 03/01/2027

* b. End Date: 04/30/2032

18. Estimated Funding ($):

* a. Federal	1000000
* b. Applicant	0
* c. State	1097011
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	2097011

*** 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.)**

○ Yes ◉ No

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: Ms.

* First Name: Jennifer

Middle Name:

* Last Name: Jackson

Suffix:

* Title: Statewide Federal Boating Access Project Coor

* Telephone Number: 410-897-2153

Fax Number:

* Email: jenniferl.jackson@maryland.gov

* Signature of Authorized Representative: Completed on Submission

* Date Signed:

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.