



SUMMIT LAKE PAIUTE TRIBE
3690 Grant Drive, Suite K, Reno, Nevada 89509
(775) 827-9670 (775) 827-9678 (fax)

SUMMIT LAKE PAIUTE COUNCIL
Tribal Chairman: Warner Barlese • Vice-Chairperson: Lorrain Watson
Secretary/Treasurer: Jerrí Lynn Barlese • Council Member: Jesse Strout • Council Member: Ernie Barlese

May 1, 2008

Grants Management Office (MTS-7)
Policy and Management Division
U.S. EPA Region 9
75 Hawthorne Street
San Francisco, CA 94105

RE: FY 2008 Clean Water Act Section 319 Base Grant

To Whom It May Concern,

Enclosed are the following required to complete the application for the FY 2008 Clean Water Act Section 319 Base Grant:

- 1) Two copies of the original Summit Lake Paiute Tribe grant application, including a hardship letter (dated January 13, 2008), an Application for Federal Assistance Form SF-424 (dated January 13, 2008); and two copies of the Final Work Plan; and,
- 2) An original and one copy of revised hardship letter (dated May 1, 2008), a cover letter (dated May 1, 2008), an Application for Federal Assistance Form SF-424 (dated May 1, 2008), and Assurances Non-Construction Programs Form 424B (dated May 1, 2008). These revised documents are necessary due to a change in office address and Tribal Chairman.

Should you have any questions please call William Cowan, Natural Resource Director at (775) 827-9670.

Sincerely,

Warner Barlese

Cc: File 319 Base Grant file
Natural Resource Director



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May 1, 2008

Mr. Wayne Nastri, Regional Administrator
U.S. EPA Region 9
75 Hawthorne Street (ORA-1)
San Francisco, CA 94105

RE: CWA Section Competitive 319 Non-point Source Program FY'08 Application

Dear Mr. Nastri,

The Summit Lake Paiute Tribe (SLPT) is requesting a financial hardship waiver of the 40% match requirement (40 CFR Part 35.635) with respect to the Clean Water Act's Section 319 Nonpoint Source Program. SLPT is requesting this waiver based on the following facts:

- 1) The tribe has no tax base.
- 2) The tribe does not have sustainable income from businesses.
- 3) The tribe does not have employment opportunities on or near the reservation for its members.

Should you have any questions please call William Cowan, Natural Resource Director at (775) 827-9670.

Sincerely,

Warner Barlese

Cc: File 319 Base Grant file
Natural Resource Director

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** Summit Lake Paiute Tribe

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2638038	*c. Organizational DUNS: 153913009
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d. Address:

*Street 1: 3690 Grant Drive, Suite K
Street 2: _____
*City: Reno
County: Washoe
*State: Nevada
Province: _____
*Country: USA
*Zip / Postal Code: 89509

e. Organizational Unit:

Department Name: Natural Resource Department	Division Name: Non-point Source Program
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: William
Middle Name: _____
*Last Name: Cowan
Suffix: _____

Title: Natural Resource Department Director

Organizational Affiliation:
Summit Lake Paiute Tribe

***Telephone Number:** 775-827-9670 **Fax Number:** 775-827-9678

***Email:** william.cowan@summitlaketribe.org

Application for Federal Assistance SF-424

Version 02

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

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 3: Select Applicant Type:

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.460

CFDA Title:

Nonpoint Source Implementation Grants

***12 Funding Opportunity Number:**

EPA-OW-OWOW-08-01

***Title:**

FY 2008 Request for Proposals from Indian Tribes and Intertribal Consortia for Nonpoint Source Management Grants Under Clean Water Act (CWA) Section 319

13. Competition Identification Number:

N/A

Title:

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

Humboldt County, State of Nevada

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

Reassess and revise the non-point source management plan for the Summit Lake watershed.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: NV-2

*b. Program/Project: NV-2

17. Proposed Project:

*a. Start Date: 10-01-2008

*b. End Date: 09-30-2009

18. Estimated Funding (\$):

*a. Federal	30,000.00
*b. Applicant	3,333.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	33,333.00

***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.)**

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: Mr. _____ *First Name: Warner _____
Middle Name: _____
*Last Name: Barlese _____
Suffix: _____

*Title: Tribal Chairman, Summit Lake Paiute Tribe

*Telephone Number: 775-827-9670

Fax Number: 775-827-9678

* Email: warner@surewest.net

*Signature of Authorized Representative: 

*Date Signed: May 1, 2008

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Based on a recent audit covering the period ending December 31, 2006, an amount of \$948,827 was identified as the difference between deferred revenue and cash. This amount could be considered unallowable and may be a Federal debt. The Tribe is currently looking into excess expenditures to determine if expenditures from prior years were incorrectly charged to non-grant funds.