

APPLICATION FOR

		2. DATE SUBMITTED 02/24/2015	APPLICATION IDENTIFIER	
1. TYPE OF SUBMISSION Application Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER
5. APPLICANT INFORMATION				
Legal Name Lac du Flambeau Band of Lake Superior Chippewa Indians		Organizational Unit Planning Department		
Address (city, state, and zip code) William Wildcat Tribal Center P.O. Box 67 Lac du Flambeau, Wisconsin 54538-0000		Name and telephone number of the person to be contacted on matters involving this application Nikki Main (715) 588-4414		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 39-0817274		7. TYPE OF APPLICANT Indian/Native American Tribal Government (Federally Recognized)		
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.596 CFDA Title: Tribal Justice Facilities Grant Program for Indian Tribes		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Lac du Flambeau Alternatives to Incarceration Renovation Project		
12. AREAS AFFECTED BY PROJECT Lac du Flambeau Indian Reservation/Vilas County, Wisconsin				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF		
Start Date: 10/01/2015	Ending Date: 09/30/2018	a. Applicant WI08	b. Project WI08	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$306,680	Program is not covered by E.O. 12372		
b. Applicant	\$0			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. Total	\$306,680	N		
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 REQUIRED.				
a. Typed Name of Authorized Representative Henry St. Germaine		b. Title Tribal President		c. Telephone number (715) 588-3303
d. Signature of Authorized Representative			e. Date Signed	