

Application for Federal Assistance SF-424

* 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:

03/29/2024

4. Applicant Identifier:

NA

5a. Federal Entity Identifier:

NA

5b. Federal Award Identifier:

NA

State Use Only:

6. Date Received by State: 03/01/2024

7. State Application Identifier: NA

8. APPLICANT INFORMATION:

* a. Legal Name: Arkansas Division of Environmental Quality

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

71-0837443

* c. UEI:

LX4WUTA57963

d. Address:

* Street1: 5301 Northshore Drive

Street2:

* City: North Little Rock

County/Parish:

Pulaski

* State: AR: Arkansas

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 72118-5328

e. Organizational Unit:

Department Name:

Energy & Environment

Division Name:

Environmental Quality

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

Prefix:

Mrs.

* First Name:

Andrea

Middle Name:

* Last Name: Hopkins

Suffix:

Title: Associate Energy Administrator

Organizational Affiliation:

* Telephone Number: 501-683-3469

Fax Number:

* Email: hopkins@adeq.state.ar.us

Application for Federal Assistance SF-424

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

A: State Government

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:

66.046

CFDA Title:

Climate Pollution Reduction Grants

* 12. Funding Opportunity Number:

EPA-R-OAR-CPRGI-23-07

* Title:

Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)

13. Competition Identification Number:

Title:

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

1257-Areas Affected.docx

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Arkansas and Oklahoma Clean Transportation Connection

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 * b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="81,750,072.94"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="11,375,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="21,250,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="114,375,072.94"/>

*** 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

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 18, 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: