

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- ☒ Application
☐ Plan
☐ Funding Request
☐ Other

Other (specify):

1.b. Frequency:

- ☒ Annual
☐ Quarterly
☐ Other

Other (specify):

1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

2. Date Received:

04/01/2024

STATE USE ONLY:**3. Applicant Identifier:****5. Date Received by State:****4a. Federal Entity Identifier:****6. State Application Identifier:****4b. Federal Award Identifier:****1.c. Consolidated Application/Plan/Funding Request?**

Yes ☐ No ☒

Explanation

7. APPLICANT INFORMATION:**a. Legal Name:**

Mayor and City Council of Baltimore

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

526000769

c. UEI:

CN6MMSGHJ39

d. Address:**Street1:**

100 Holliday Street

Street2:**City:**

Baltimore

County/ Parish:**State:**

MD: Maryland

Province:**Country:**

USA: UNITED STATES

Zip/ Postal Code:

21202-3431

e. Organizational Unit:**Department Name:**

Department of Planning

Division Name:

Office of Sustainability

f. Name and contact information of person to be contacted on matters involving this submission:**Prefix:****First Name:**

Ava

Middle Name:**Last Name:**

Richardson

Suffix:

Title: Director

Organizational Affiliation:

Department of Planning, Office of Sustainability

Telephone Number:

410-396-8360

Fax Number:**Email:**

ava.richardson@baltimorecity.gDv

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**8a. TYPE OF APPLICANT:**

C: City or Township Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number:

66.046

CFDA Title:

Climate Pollution Reduction Grants Program: Implementation Grants General Competition

11. Descriptive Title of Applicant's Project:

Baltimore-Columbia-Towson Metropolitan Statistical Area Climate Pollution Reduction Implementation Grant Proposal: Reusing, Electrifying, De-carbonizing & Utilizing Clean Energy (REDUCE)

12. Areas Affected by Funding:**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

MD 007

b. Program/Project:

MD 007

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

10/01/2024

b. End Date:

09/30/2029

15. ESTIMATED FUNDING:

a. Federal (\$):

53,500,000.00

b. Match (\$):

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?☐ a. This submission 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 State for review.☒ c. Program is not covered by E.O. 12372.

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17. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐No ☒

18. 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 ☒

** This 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

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:



Date Signed:

Attach supporting documents as specified in agency instructions.