

## 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:

04/01/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

EPA

5b. Federal Award Identifier:

EPA-R-OAR-CPRGI-23-07

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

City of Broken Arrow

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

73-6005109

\* c. UEI:

GAESB5P9Q933

d. Address:

\* Street1:

200 S 1st Place

Street2:

\* City:

Broken Arrow

County/Parish:

\* State:

OK: Oklahoma

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

74012-4152

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

\* First Name:

Tom

Middle Name:

\* Last Name:

Cook

Suffix:

Jr.

Title:

Controller

Organizational Affiliation:

City of Broken Arrow

\* Telephone Number:

918-259-7000 x5322

Fax Number:

\* Email:

TCookjr@brokenarrowok.gov

## Application for Federal Assistance SF-424

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

C: City or Township 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.):

1241-Affected Areas For Broken Arrow GHG Re

Add Attachment

Delete Attachment

View Attachment

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

Broken Arrow GHG Reduction Project

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

OK-1

\* b. Program/Project

OK-1

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

01/01/2025

\* b. End Date:

12/29/2028

**18. Estimated Funding (\$):**

* a. Federal	23,889,821.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	23,889,821.00

**\* 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**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:

Tom

Middle Name:

\* Last Name:

Cook

Suffix:

Jr.

\* Title:

Controller

\* Telephone Number:

918-259-7000 x5322

Fax Number:

\* Email:

TCookjr@brokenarrowok.gov

\* Signature of Authorized Representative:

Tom Cook Jr

\* Date Signed:

04/01/2024