

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:

CT DEEP CPRG Impl.

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Connecticut

8. APPLICANT INFORMATION:

* a. Legal Name: Dept. of Energy & Environmental Protection

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

86-1154163

* c. UEI:

VZA5GCYZBJA7

d. Address:

* Street1:

79 Elm St

Street2:

* City:

Hartford

County/Parish:

CT

* State:

CT: Connecticut

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

06106-1650

e. Organizational Unit:

Department Name:

Air Management

Division Name:

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

Prefix:

Ms.

* First Name:

Tracy

Middle Name:

* Last Name:

Babbidge

Suffix:

Title: Bureau Chief

Organizational Affiliation:

CT Dept. of Energy & Environmental Protection

* Telephone Number:

860-424-3259

Fax Number:

* Email: tracy.babbidge@ct.gov

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.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Connecticut Clean Impact

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

CT-1

* b. Program/Project

CT-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

11/01/2024

* b. End Date:

10/31/2029

18. Estimated Funding (\$):

* a. Federal

153,133,413.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

153,133,413.00

*** 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:

Joseph

Middle Name:

* Last Name:

Stein

Suffix:

* Title:

Fiscal Administrative Supervisor

* Telephone Number:

860-424-3559

Fax Number:

* Email:

joseph.stein@ct.gov

* Signature of Authorized Representative:

Joseph Stein

* Date Signed:

04/01/2024