



WORKSPACE FORM

1-800-518-4726
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This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	EPA-R-OAR-CPRGI-23-07
Opportunity Title:	Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)
Opportunity Package ID:	PKG00283194
CFDA Number:	66.046
CFDA Description:	Climate Pollution Reduction Grants
Competition ID:	
Competition Title:	
Opening Date:	09/20/2023
Closing Date:	04/01/2024
Agency:	Environmental Protection Agency
Contact Information:	CPRG@epa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01273105
Application Filing Name:	DOEE CPRG DC Application
UEI:	FE9RNTYNNKN9
Organization:	Department of Energy and Environment
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Mar 25, 2024 11:13:03 AM EDT
Form State:	No Errors

FORM ACTIONS:

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

03/18/2024

7. State Application Identifier:

DC-2827

8. APPLICANT INFORMATION:

* a. Legal Name:

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

53-6001131

* c. UEI:

FE9RNTYNNKN9

d. Address:

* Street1:

1200 FIRST STREET NE

Street2:

5TH FLOOR

* City:

WASHINGTON

County/Parish:

* State:

DC: District of Columbia

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

20002-3323

e. Organizational Unit:

Department Name:

DOEE

Division Name:

Urban Sustainability Administr

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

Prefix:

* First Name:

Brittany

Middle Name:

* Last Name:

Whited

Suffix:

Title:

Program Analyst

Organizational Affiliation:

Urban Sustainability Administration, Climate and GB Branch

* Telephone Number:

(202) 695 - 5276

Fax Number:

* Email:

Brittany.Whited@dc.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:

District of Columbia: EPA Climate Pollution Reduction Implementation Grant - Region 3

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.

Add Attachment

Delete Attachment

View Attachment

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

* a. Federal	<input type="text" value="49,596,030.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="49,596,030.00"/>

*** 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:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative: * Date Signed:

DocuSigned by:

3/29/2024



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