

## 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:

03/28/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name: Indiana Department of Environmental Management

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

35-6000158

\* c. UEI:

X4BVVEK71LD8

### d. Address:

\* Street1: 100 North Senate Ave, Room N1340

Street2:

\* City: Indianapolis

County/Parish:

\* State: IN: Indiana

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 46204-2222

### e. Organizational Unit:

Department Name:

Office of Chief of Staff

Division Name:

Finance Division

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

Prefix:

\* First Name:

Briony

Middle Name:

\* Last Name: Towler

Suffix:

Title: Controller

Organizational Affiliation:

\* Telephone Number: 317-601-3064

Fax Number:

\* Email: bntowler@idem.in.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:

Indiana CPRG Implementation Grant

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	IN-007
* b. Program/Project	IN-ALL
Attach an additional list of Program/Project Congressional Districts if needed.	
	<div>Add AttachmentDelete AttachmentView Attachment</div>
17. Proposed Project:	
* a. Start Date:	10/01/2024
* b. End Date:	09/30/2029
18. Estimated Funding (\$):	
* a. Federal	195,428,534.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	195,428,534.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<div><input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 03/22/2024.</div> <div><input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.</div> <div><input type="checkbox"/> c. Program is not covered by E.O. 12372.</div>	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<div><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</div> <div>If "Yes", provide explanation and attach</div> <div>1242-CPRG Implementation Debt Memo.docx</div> <div>Add AttachmentDelete AttachmentView Attachment</div>	
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)	
<div><input checked="" type="checkbox"/> ** I AGREE</div> <div>** 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.</div>	
Authorized Representative:	
Prefix:	
* First Name:	Hilary
Middle Name:	
* Last Name:	Alderete
Suffix:	
* Title:	Chief Financial Officer
* Telephone Number:	317-473-5803
Fax Number:	
* Email:	halderet@idem.in.gov
* Signature of Authorized Representative:	Briony Towler
* Date Signed:	03/28/2024