

## 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:

516000160

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name:

New Castle County

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

516000160

\* c. UEI:

YT6XTK6YAMC1

### d. Address:

\* Street1:

87 Reads Way

Street2:

\* City:

New Castle

County/Parish:

New Castle

\* State:

DE: Delaware

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

197201648

### e. Organizational Unit:

Department Name:

Department of Public Works

Division Name:

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

Prefix:

\* First Name:

Kristie

Middle Name:

\* Last Name:

Arlotta

Suffix:

Title:

Sustainability Coordinator

Organizational Affiliation:

\* Telephone Number:

3023955122

Fax Number:

\* Email:

Kristie.Arlotta@newcastlede.gov

## Application for Federal Assistance SF-424

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

B: County 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-CPRGT-23-09

\* Title:

Climate Pollution Reduction Grants Program: Implementation Grants Competition for Tribes and Territories

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

1238-Areas\_New Castle County.xlsx

Add Attachment

Delete Attachment

View Attachment

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

Electrifying Communities: Enhancing EV Infrastructure in New Castle County

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

1

\* b. Program/Project

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:

01/01/2026

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

\* a. Federal

4,636,311.00

\* b. Applicant

0.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

4,636,311.00

**\* 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:

Ms.

\* First Name:

Aundrea

Middle Name:

\* Last Name:

Almond

Suffix:

\* Title:

Chief of Staff

\* Telephone Number:

3023955205

Fax Number:

\* Email:

aundrea.almond@newcastlede.gov

\* Signature of Authorized Representative:

Aundrea Almond

\* Date Signed:

04/01/2024