

## 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:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name:

New Jersey Department of Environmental Protection

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

216000928

\* c. UEI:

X9K2JHHGL5M8

### d. Address:

\* Street1:

401 East State Street

Street2:

PO Box: 420, Mail Code: 401-02

\* City:

Trenton

County/Parish:

\* State:

NJ: New Jersey

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

08625-0420

### e. Organizational Unit:

Department Name:

Environmental Protection

Division Name:

Climate Change Mitigation & Mo

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

Prefix:

\* First Name:

Peg

Middle Name:

\* Last Name:

Hanna

Suffix:

Title:

Director

Organizational Affiliation:

NJDEP/Division of Climate Change Mitigation and Monitoring

\* Telephone Number:

609-940-5766

Fax Number:

\* Email:

peg.hanna@dep.nj.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:

Clean Corridor Coalition - involving the installation of charging hubs for trucks travelling through CT, NJ, MD & DE. NJDEP is the lead for this coalition application

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

12

\* b. Program/Project

NJ-A11

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

1234-Additional Districts\_NJDEP\_coalition.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2024

\* b. End Date:

09/30/2029

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

\* a. Federal

248,937,720.00

\* b. Applicant

0.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

248,937,720.00

**\* 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

04/01/2024

☐ 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:

Mrs.

\* First Name:

Adrienne

Middle Name:

\* Last Name:

Kreipke

Suffix:

\* Title:

Assistant Commissioner, Management and Budget

\* Telephone Number:

609-940-4128

Fax Number:

\* Email:

Adrienne.Kreipke@dep.nj.gov

\* Signature of Authorized Representative:

Matthew Parsons

\* Date Signed:

04/01/2024