



WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

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:	WS01277816
Application Filing Name:	Zero40 - New Mexico Environment Department (NMED)
UEI:	MR1AJKF3QMF3
Organization:	NEW MEXICO ENVIRONMENT DEPARTMENT
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Apr 01, 2024 11:19:00 AM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="New Mexico Environment Department"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="85-6000565"/>		* c. UEI: <input type="text" value="MR1AJKF3QMF3"/>
d. Address:		
* Street1: <input type="text" value="PO Box 5469"/> Street2: <input type="text" value="1190 South St. Francis Drive"/> * City: <input type="text" value="Santa Fe"/> County/Parish: <input type="text"/> * State: <input type="text" value="NM: New Mexico"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text" value="87502-5469"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="New Mexico Environment (NMED)"/>		Division Name: <input type="text" value="Environmental Protection"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> * First Name: <input type="text" value="Claudia"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Borchert"/> Suffix: <input type="text"/>		
Title: <input type="text" value="Bureau Chief, NMED Climate Change"/>		
Organizational Affiliation: <input type="text" value="New Mexico Environment Department"/>		
* Telephone Number: <input type="text" value="505-699-8489"/>		Fax Number: <input type="text"/>
* Email: <input type="text" value="claudia.borchert@env.nm.gov"/>		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="A: State Government"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="Environmental Protection Agency"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="66.046"/>		
CFDA Title:		
<input type="text" value="Climate Pollution Reduction Grants"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="EPA-R-OAR-CPRGI-23-07"/>		
* Title:		
<input type="text" value="Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text" value="AreasAlongI40_NMED.xlsx"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="Zero40"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="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="479,592,564.00"/>
* 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="479,592,564.00"/>

*** 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: