

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:

HVAC Replacement 2024

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

New York

8. APPLICANT INFORMATION:

* a. Legal Name:

Inc. Village of Sea Cliff

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

11-6002136

* c. UEI:

L2JRC1A6SVZ3

d. Address:

* Street1:

PO Box 340

Street2:

300 Sea Cliff Avenue

* City:

Sea Cliff

County/Parish:

New York

* State:

NY: New York

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

11579-2011

e. Organizational Unit:

Department Name:

Dept. of Public Works

Division Name:

Village of Sea Cliff

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

Prefix:

* First Name:

Erinn

Middle Name:

* Last Name:

McDonnell

Suffix:

Title:

Grants Administrator

Organizational Affiliation:

Inc. Village of Sea Cliff

* Telephone Number:

516-671-0080

Fax Number:

516-671-6508

* Email:

emcdonnell@seacliff-ny.gov

Application for Federal Assistance SF-424

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

D: Special District 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:

Village of Sea Cliff Municipal Complex HVAC Replacement 2024

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

NY-3

* b. Program/Project

NY-3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

09/01/2024

* b. End Date:

08/31/2029

18. Estimated Funding (\$):

* a. Federal	2,100,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,100,000.00

*** 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:

Erinn

Middle Name:

* Last Name:

McDonnell

Suffix:

* Title:

Grants Administrator

* Telephone Number:

516-671-0080

Fax Number:

* Email:

emcdonnell@seacliff-ny.gov

* Signature of Authorized Representative:

Erinn McDonnell

* Date Signed:

04/01/2024