

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:

PA

8. APPLICANT INFORMATION:

* a. Legal Name: SEDA-Council of Governments

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

23-1881493

* c. UEI:

C3GJY7S3L3H9

d. Address:

* Street1:

201 Furnace Road

Street2:

* City:

Lewisburg

County/Parish:

PA

* State:

PA: Pennsylvania

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

17837-8043

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr .

* First Name:

Frankie

Middle Name:

C

* Last Name:

Hockenbrocht

Suffix:

Title: Community Capacity Coordinator

Organizational Affiliation:

SEDA-COG

* Telephone Number:

570-524-4491

Fax Number:

* Email: fhockenbrocht@seda-cog.org

Application for Federal Assistance SF-424

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

E: Regional Organization

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:

SEDA-Council of Government's Regional CPRG Project

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 PA-009

* b. Program/Project PA-009

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

1234-Attachment for SF424 Form Congression

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2023

* b. End Date: 09/30/2027

18. Estimated Funding (\$):

* a. Federal	27,700,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	27,700,000.00

*** 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: Ms. * First Name: Kim

Middle Name: E

* Last Name: Wheeler

Suffix:

* Title: Executive Director

* Telephone Number: (570) 524-4491 ext. 7231 Fax Number:

* Email: kwheeler@seda-cog.org

* Signature of Authorized Representative: Franklin C Hockenbrocht * Date Signed: 04/01/2024