

## 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:

St. John the Baptist Parish

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: St. John the Baptist Parish Government

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

72-6001235

\* c. UEI:

ERFNZMF4KXK9

### d. Address:

\* Street1: 1811 West Airline Highway

Street2:

\* City: Laplace

County/Parish: St. John the Baptist

\* State: LA: Louisiana

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 70068-3336

### e. Organizational Unit:

Department Name:

Administration

Division Name:

Grants

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

Prefix:

Mr.

\* First Name:

Peter

Middle Name:

\* Last Name: Montz

Suffix:

Title: Chief Administrative Officer

Organizational Affiliation:

\* Telephone Number: 985-652-9569

Fax Number:

\* Email: p.montz@stjohn-la.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-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:

Comprehensive Strategy for Greenhouse Gas Mitigation in St. John the Baptist Parish:  
A Holistic Approach to Environmental Sustainability and Climate Resilience

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

2, 6

\* b. Program/Project

2, 6

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

12/01/2024

\* b. End Date:

06/30/2027

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

* a. Federal	14,704,490.58
* b. Applicant	20,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	308,799.29
* f. Program Income	0.00
* g. TOTAL	15,033,289.87

**\* 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:

Mr.

\* First Name:

Peter

Middle Name:

\* Last Name:

Montz

Suffix:

\* Title:

Chief Administrative Officer

\* Telephone Number:

985-652-6569

Fax Number:

\* Email:

p.montz@stjohn-la.gov

\* Signature of Authorized Representative:

Craig Comeaux

\* Date Signed:

04/01/2024