

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:	WS01254403
Application Filing Name:	City of Stockton - CPRG Implementation Grant Application
UEI:	MPGYKQEJZ2E6
Organization:	STOCKTON CITY OFCITY HALL
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Mar 29, 2024 01:55:15 PM EDT
Form State:	

**FORM ACTIONS:**

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>		
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> MPGYKQBJZ2E6
<b>5a. Federal Entity Identifier:</b> MPGYKQBJZ2E6		<b>5b. Federal Award Identifier:</b> <input type="text"/>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> City of Stockton		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000436		<b>* c. UEI:</b> MPGYKQBJZ2E6
<b>d. Address:</b>		
<b>* Street1:</b> 425 N El Dorado St.		
<b>Street2:</b> <input type="text"/>		
<b>* City:</b> Stockton		
<b>County/Parish:</b> San Joaquin		
<b>* State:</b> CA: California		
<b>Province:</b> <input type="text"/>		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 95202-1997		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> City Manager		<b>Division Name:</b> Environmental & Sustainability
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> <input type="text"/>		<b>* First Name:</b> Shalilah
<b>Middle Name:</b> <input type="text"/>		
<b>* Last Name:</b> Bess		
<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> Program Manager III		
<b>Organizational Affiliation:</b> City of Stockton		
<b>* Telephone Number:</b> 2099377196		<b>Fax Number:</b> <input type="text"/>
<b>* Email:</b> shalilah.bess@stocktonca.gov		

## Application for Federal Assistance SF-424

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

C: City or Township 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.):

Stockton Census Tracts Screenshot.JPG

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Stockton - Continuing to Rise

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

CA-009

\* b. Program/Project

CA-009

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2024

\* b. End Date:

02/01/2030

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

\* a. Federal

52,188,521

\* b. Applicant

0.00

\* c. State

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

52,188,521

**\* 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:

Harry

Middle Name:

\* Last Name:

Black

Suffix:

\* Title:

City Manager

\* Telephone Number:

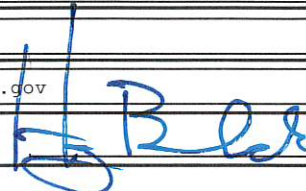
2099378294

Fax Number:

\* Email:

harry.black@stocktonca.gov

\* Signature of Authorized Representative:



\* Date Signed:

4/1/24