

## 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> 03/27/2024		<b>4. Applicant Identifier:</b> TN Department of Environment			
<b>5a. Federal Entity Identifier:</b> 62-6001445			<b>5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> 01/16/2024		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Tennessee Department of Environment and Conservation					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 62-6001445			<b>* c. UEI:</b> JC92Y4FYH524		
<b>d. Address:</b>					
<b>* Street1:</b> 312 Rosa L. Parks Ave.		<input type="text"/>			
<b>Street2:</b> William R. Snodgrass TN Tower, 2nd floor		<input type="text"/>			
<b>* City:</b> Nashville		<input type="text"/>			
<b>County/Parish:</b> Davidson		<input type="text"/>			
<b>* State:</b> TN: Tennessee		<input type="text"/>			
<b>Province:</b> <input type="text"/>		<input type="text"/>			
<b>* Country:</b> USA: UNITED STATES		<input type="text"/>			
<b>* Zip / Postal Code:</b> 37243-1544		<input type="text"/>			
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Environment and Conservation			<b>Division Name:</b> Air Pollution Control		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mrs.		<b>* First Name:</b> Michelle			
<b>Middle Name:</b> Walker		<input type="text"/>			
<b>* Last Name:</b> Owenby		<input type="text"/>			
<b>Suffix:</b> <input type="text"/>		<input type="text"/>			
<b>Title:</b> Director					
<b>Organizational Affiliation:</b> Division of Air Pollution Control					
<b>* Telephone Number:</b> 615-426-9250			<b>Fax Number:</b> <input type="text"/>		
<b>* Email:</b> michelle.b.walker@tn.gov					

## Application for Federal Assistance SF-424

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

A: State 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:

Tennessee Volunteer Emission Reduction Strategy (TVERS): Strategic Emissions Reduction Programming

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

TN

\* b. Program/Project

ALL

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:

09/30/2029

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

* a. Federal	95,321,815.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	95,321,815.00

**\* 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:

Mr.

\* First Name:

David

Middle Name:

W

\* Last Name:

Salyers

Suffix:

\* Title:

Commissioner

\* Telephone Number:

615-532-0106

Fax Number:

\* Email:

david.salyers@tn.gov

\* Signature of Authorized Representative:

RICK TAMBLE

\* Date Signed:

03/27/2024