

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:

Rolette

8. APPLICANT INFORMATION:

* a. Legal Name:

Turtle Mountain Band of Chippewa Indians

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

450223071

* c. UEI:

Y9X2KNAG1GD9

d. Address:

* Street1:

PO Box 900

Street2:

* City:

Belcourt

County/Parish:

Rolette County

* State:

ND: North Dakota

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

59316-0900

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Anita

Middle Name:

Resources and Services

* Last Name:

Blue

Suffix:

Title:

Tribal Planning Exec Director

Organizational Affiliation:

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS, ND

* Telephone Number:

701-550-1664

Fax Number:

* Email:

ablue62@aol.com

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

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:

Turtle Mountain 4 Measure EPA Climate Pollution Reduction Implementation programs

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 ND-001

* b. Program/Project ND-001

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2024

* b. End Date: 06/30/2029

18. Estimated Funding (\$):

* a. Federal	49,992,579.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	49,992,579.00

*** 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: Jamie

Middle Name: S

* Last Name: Azure

Suffix:

* Title: Tribal Chairman

* Telephone Number: 7014772673 Fax Number:

* Email: jamie.azure@tmbci.org

* Signature of Authorized Representative: Shirley A Swenson * Date Signed: 04/01/2024