

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: Connecticut Office of Policy and Management	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 066000798	*c. Organizational DUNS: 807853015

d. Address:

*Street 1:	<u>450 Capitol Avenue, MS 52ENR</u>
Street 2:	_____
*City:	<u>Hartford</u>
County:	<u>Hartford</u>
*State:	<u>Connecticut</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>06106-1379</u>

e. Organizational Unit:

Department Name: Office of Policy and Management	Division Name: Policy Development and Planning Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <u>Mr.</u>	*First Name: <u>Raymond</u>
Middle Name: <u>L.</u>	
*Last Name: <u>Wilson</u>	
Suffix: _____	

Title: Director

Organizational Affiliation:

*Telephone Number: 860-418-6441	Fax Number: 860-418-6495
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*Email: raymond.wilson@ct.gov

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***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:**

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.127 _____

CFDA Title:

Energy Efficient Appliance Rebate Program _____

***12 Funding Opportunity Number:**

DE-FOA-0000119 _____

*Title:

Recovery-State Energy Efficient Appliance Rebate Program (SEEARP) _____

13. Competition Identification Number:

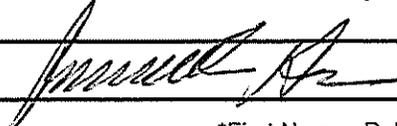
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

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

Consumer Appliance Rebate Program-ARRA

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16. Congressional Districts Of:		
*a. Applicant: CT-001	*b. Program/Project: CT-all	
17. Proposed Project:		
*a. Start Date: 9/1/09	*b. End Date: 8/31/12	
18. Estimated Funding (\$):		
*a. Federal	3,359,000	
*b. Applicant		
*c. State	340,000	
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	3,699,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/22/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 218, Section 1001)		
<input checked="" type="checkbox"/> ** 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: Robert
Middle Name: L.		
*Last Name: Genuario		
Suffix:		
*Title: Secretary		
*Telephone Number: 860-418-6500	Fax Number:	
* Email: robert.genuario@ct.gov		
*Signature of Authorized Representative:		*Date Signed: 8/13/09

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.