

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, select appropriate letter(s) Other (specify):	
3. Date Received			4. Applicant Identifier:		
5a. Fed Entity Identifier:			5b. Federal Award Identifier: DE-EE0007909		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
a. Legal Name: State of Connecticut					
b. Employer/Taxpayer Identification Number (EIN/TIN): 86-1154163			c. Organizational DUNS: 108352811		
d. Address:					
Street 1: 79 Elm Street					
Street 2:					
City: Hartford					
County: HARTFORD County					
State: CT					
Province:					
Country: U.S.A.					
Zip / Postal Code: 061065127					
e. Organizational Unit:					
Department Name: Department of Energy and Environmental Protection			Division Name: BETP, Office of Energy Demand		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms First Name: Diane					
Middle Name:					
Last Name: Duva					
Suffix:					
Title: Director					
Organizational Affiliation:					
Telephone Number: 8608272756			Fax Number: 8608272976		
Email: diane.duva@ct.gov					

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9. Type of Applicant:

A State Government

10. Name of Federal Agency:

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.042

CFDA Title:

Weatherization Assistance Program

12. Funding Opportunity Number:

DE-WAP-0002019

Title:

2019 Weatherization Assistance Program

13. Competition Identification Number:

Title:

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

Entire State of Connecticut

15. Descriptive Title of Applicant's Project:

PY2019 Connecticut Low Income Weatherization Program

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16. Congressional District Of:

a. Applicant: Connecticut Congressional District 01

b. Program/Project: CT-Statewide

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

17. Proposed Project:

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$):

a. Federal	3,117,380.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	3,117,380.00

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
- 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)

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**

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

Authorized Representative:

Prefix: First Name: Mary

Middle Name:

Last Name: Sotos

Suffix:

Title: Deputy Commissioner

Telephone Number: 8608272605

Fax Number: 8608272806

Email: mary.sotos@ct.gov

Signature of Authorized Representative: Signed Electronically

Date Signed: