

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

If Revision, select appropriate letter(s)

Increase Award

Other (specify):

3. Date Received

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

DE-EE0009901

State Use Only:

6. Date Received by State: 12/16/2020

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: State of Indiana, IHEDA

b. Employer/Taxpayer Identification Number (EIN/TIN):
351485172c. UEI:
PW8WAKF1KWG9**d. Address:**

Street 1: 30 South Meridian Street

Street 2: Suite 900

City: Indianapolis

County: MARION County

State: IN

Province:

Country: U.S.A.

Zip / Postal Code: 462040000

e. Organizational Unit:

Department Name:

Weatherization

Division Name:

Community Programs

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

Prefix: Mr First Name: Greg

Middle Name:

Last Name: Glassley

Suffix:

Title: Director of Energy and Utility Programs

Organizational Affiliation: Indiana Housing & Community Development Authority

Telephone Number: 3172323075

Fax Number: 3172327778

Email: qglassley@ihcda.in.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

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-0002023

Title:

2023 Weatherization Assistance Program

13. Competition Identification Number:

Title:

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

Statewide

15. Descriptive Title of Applicant's Project:

Indiana's Program Year 2023 Weatherization Assistance Program

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

16. Congressional District Of:

a. Applicant: Indiana Congressional District 07

b. Program/Project: IN-Statewide

Attach an additional list of Program/Project Congressional Districts if needed:**17. Proposed Project:**

a. Start Date: 04/01/2023

b. End Date: 03/31/2024

18. Estimated Funding (\$):

a. Federal	9,649,777.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	9,649,777.00

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: Ms First Name: Emily

Middle Name:

Last Name: Krauser

Suffix:

Title: Chief Deputy Director of Programs

Telephone Number: 3172346977

Fax Number: 3172327778

Email: ekrauser@ihcda.in.gov

Signature of Authorized Representative: Signed Electronically

Date Signed: 06/01/2023