

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-EE0007918		
State Use Only:					
6. Date Received by State: 06/27/2017			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
a. Legal Name: State of Indiana, IHCD					
b. Employer/Taxpayer Identification Number (EIN/TIN): 351485172			c. Organizational DUNS: 086870479		
d. Address:					
Street 1: 30 South Meridian Street					
Street 2: Suite 1000					
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: Ms First Name: Lauren					
Middle Name:					
Last Name: Perry					
Suffix:					
Title: Director of Community Programs					
Organizational Affiliation: Indiana Housing & Community Development Authority					
Telephone Number: 3172346977			Fax Number: 3172327778		
Email: laperry@ihcda.in.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.):

Statewide

15. Descriptive Title of Applicant's Project:

Weatherization Assistance for Low Income Person

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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: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$):

a. Federal	7,755,598.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	7,755,598.00

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: Lauren

Middle Name:

Last Name: Perry

Suffix:

Title: Director of Community Programs

Telephone Number: 3172346977

Fax Number: 3172327778

Email: laperry@ihcda.in.gov

Signature of Authorized Representative: Signed Electronically

Date Signed: