

Community Energy Security Planning Grant Application

(Application cannot exceed 6 pages total)

**Section 1: Applicant Information**

1. **Organization Name:** Click or tap here to enter text.
2. **Street Address:** Click or tap here to enter text. **City:** Click or tap here to enter text.

**State:** Click or tap here to enter text. **Zip + 4 Code:** Click or tap here to enter text.

1. **Unique Entity Identifier (UEI) #:** Click or tap here to enter text.
2. **Supplier ID #:** Click or tap here to enter text. **Tax EIN:** Click or tap here to enter text.
3. **Organization Contact (the person who will manage the project)**

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Organization Type: (*check one*)**

[ ]  Local unit of government

[ ]  Regional planning commission

[ ]  Nonprofit

1. **Authorized Representative (the person signing contract)**

**Name:** Click or tap here to enter text. **Cell Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Section 2: Project Description**

1. Do you currently have or have had an Energy Security Plan in the past? Yes[ ]  No[ ]
2. If yes, when was it last updated? Click or tap here to enter text.
3. Describe planning efforts for energy security and list any related plans. Click or tap here to enter text.
4. Describe the community this plan will serve. Explain how it will benefit the community. Click or tap here to enter text.
5. Upon completion, how will this plan be used? Explain how this plan will be implemented. Click or tap here to enter text.
6. List the existing and potential partners for the development of this plan and explain how you will collaborate with them. Click or tap here to enter text.

**Section 3: Project Tasks and Deliverables**

1. Describe the approach your community planning effort will involve, including a timeline and milestones. List all tasks that will be completed by this project. Include quantified products/deliverables produced by each task along with anticipated quarters in which they will be completed**. List tasks by letter and correlate them to the budget if planning to invoice quarterly**. See application instructions for more information on drafting tasks. Click or tap here to enter text.

 **Section 4: Budget**



**Budget Justification- (Describe the items, services, or expenses associated with each line item.)**

|  |
| --- |
| 1. **Personnel/Fringe**: Click or tap here to enter text.
 |
| 1. **Travel:** Click or tap here to enter text.
 |
| 1. **Equipment:** Click or tap here to enter text.
 |
| 1. **Supplies:** Click or tap here to enter text.
 |
| 1. **Contractual**: Click or tap here to enter text.
 |
| 1. **Other:** Click or tap here to enter text.
 |
| 1. **Sources of Match and estimated amounts**: Click or tap here to enter text.
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**Section 4: Affirmation**

1. To the best of my knowledge, the information in this application is true and correct. I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter a grant contract.
2. I understand that submitting false or misleading information in connection with this application may result in the application or organization being found ineligible for financial assistance under the OED Grant Program. I further understand that receiving public grant funds because of false representations constitutes an act of fraud.
3. The applicant will comply with all conditions of the program if funding is awarded. I understand that OED may conduct audits and conduct site inspections before or after grants are awarded and disbursed.

SIGNATURE: Click or tap here to enter text. DATE: Click or tap here to enter text.

TITLE: Click or tap here to enter text.