

II. Application for Federal Assistance – Standard Form 424

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Pre application
Application

Construction
 Non-Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: Arkansas State of

Organizational OUNS: 784714277

Address:

Street: 900 West Capitol Ave, Suite 400

City: Little Rock

County: Pulaski

State: Arkansas Zip Code: 72207

Country: United States

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 710489145

8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81-042

11. TITLE (Name of Program): Title IV, Part A, P.L. 94-385
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): State of Arkansas

13. PROPOSED PROJECT:
Start Date: 07/01/16 Ending Date: 06/30/17

15. ESTIMATED FUNDING:
a. Federal: \$1,868,107
b. Applicant: \$
c. State: \$
d. Local: \$

e. Other (LINEAR) \$3,747,929

f. Program Income \$
g. TOTAL \$5,616,036

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms. First Name: Kay

Last Name:

Corner:

b. Title: Program Manager

d. Signature of Authorized Representative

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY
Applicant Identifier #

Organizational Unit: Arkansas Energy Office
Department:

Arkansas Economic Development Commission
Division:

Arkansas Energy Office

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

Mr.

First Name:

Mitchell

Last Name:

Simpson

Suffix:

Email:

MS.simpson@arkansasedc.com

Phone Number (give area code)

(501) 682-1060

7. TYPE OF APPLICANT: (See back of form for Application Types) A

Other (specify)

9. NAME OF FEDERAL AGENCY:

U. S. DEPARTMENT OF ENERGY

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Weatherization Assistance Program The program provides energy conservation for the homes of low-income elderly and disabled.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Second

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes if "Yes" attach an explanation. No

Middle Name

Suffix

1c. Telephone Number (give area code)
(501) 682-7390

1e. Date Signed

STATE CLEARINGHOUSE
APPLICATION SUPPLEMENT

1. IF THIS IS A "NOTIFICATION OF INTENT" TO APPLY OR A PREAPPLICATION, PLEASE CHECK THIS BOX AND INDICATE GRANT I.D. ASSIGNED.
GRANT I.D. _____ X(8)
2. IF THIS IS AN ACTUAL GRANT APPLICATION, PLEASE CHECK THIS BOX , AND INDICATE GRANT I.D. ASSIGNED. Grant I. D. AEO-1301 (8)
*NOTE: IF A NOTIFICATION OF INTENT OR PREAPPLICATION HAS BEEN PREVIOUSLY SUBMITTED, USE THAT I.D. TO COMPLETE ITEM 2 AND INDICATE SAI# THAT WAS ASSIGNED TO THE NOI OR PREAPP. SAI# _____ X(8)
3. IF THIS IS AN APPLICATION FOR SUPPLEMENTAL FUNDS OR IS A REVISION, PLEASE INDICATE ORIGINAL GRANT I.D. AND SAI# TO WHICH IT APPLIES.
GRANT I.D. _____ X(8) SAI# _____ X(8)
4. GRANT YEAR 2016-2017 XX
5. GRANT START DATE 07 / 01 / 16 GRANT END DATE 06 / 30 / 17 (mo/day/yr)
6. APPLICANT (AGENCY) CODE 710H X(7) (see Applicant Code List)
7. GRANTOR CODE DOE X(5) (see Grantor Code List)
8. ORGANIZATION UNIT Department of Energy
9. FUNDING PERCENTAGE REQUIREMENTS:
FEDERAL 100 % STATE _____ % OTHER _____ %
10. TYPE OF ASSISTANCE (A THROUGH P) _____ (see instructions on back)
11. METHOD OF FUNDING 3
1. ADVANCE BY TREASURY CHECK 2. REIMBURSEMENT BY TREASURY CHECK
3. ADVANCE BY LETTER OF CREDIT 4. REIMBURSEMENT BY LETTER OF CREDIT
12. FEDERAL FUNDS FOR THIS GRANT WILL BE RECEIVED DIRECTLY FROM (CHECK ONE)
 A FEDERAL AGENCY ANOTHER STATE AGENCY OTHER SOURCE
**If a source is OTHER please specify _____
13. DO YOU HAVE AN INDIRECT COST RATE? YES NO
14. IF YES, IS THE RATE BEING APPLIED TO THIS PROJECT? YES NO

15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
	\$260,648	29.74 %	\$77,516
D. EXPLANATION*			

GRANTS ANALYST _____
Signature
AGENCY _____ Arkansas Energy Office
DATE _____