

**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Version 02

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<b>If Revision, select appropriate letter(s)</b> <b>Increase Award</b> Other (specify):	
<b>3. Date Received</b>			<b>4. Applicant Identifier:</b>		
<b>5a. Fed Entity Identifier:</b>		<b>5b. Federal Award Identifier:</b> DE-EE0009901 (SF424 revision 1)			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> 12/16/2020			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>a. Legal Name:</b> State of Indiana, IHEDA					
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 351485172			<b>c. UEI:</b> PW8WAKF1KWG9		
<b>d. Address:</b>					
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					
<b>e. Organizational Unit:</b>					
Department Name: Weatherization			Division Name: Community Programs		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
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: gglassley@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-0002022

Title:

2022 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 2022 Weatherization Assistance Program

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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: 04/01/2022

b. End Date: 03/31/2023

**18. Estimated Funding (\$):**

a. Federal	401,538.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	401,538.00

**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: 05/25/2022