

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

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|---|--|---|--|---|--|
| 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-EE0007960 | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | | 7. State Application Identifier: | | |
| 8. APPLICANT INFORMATION: | | | | | |
| a. Legal Name: STATE OF WYOMING | | | | | |
| b. Employer/Taxpayer Identification Number (EIN/TIN): 830208667 | | | c. Organizational DUNS: 809915754 | | |
| d. Address: | | | | | |
| Street 1: 2300 CAPITOL AVENUE | | | | | |
| Street 2: HATHAWAY BLDG., 3RD FLOOR | | | | | |
| City: CHEYENNE | | | | | |
| County: LARAMIE County | | | | | |
| State: WY | | | | | |
| Province: | | | | | |
| Country: U.S.A. | | | | | |
| Zip / Postal Code: 820020490 | | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: DEPARTMENT OF FAMILY SERVICES | | | Division Name: ECONOMIC SECURITY DIVISION | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: Ms | | First Name: Brenda | | | |
| Middle Name: | | | | | |
| Last Name: Ilg | | | | | |
| Suffix: | | | | | |
| Title: Program Manager | | | | | |
| Organizational Affiliation: Department of Family Services | | | | | |
| Telephone Number: 3073475397 | | | Fax Number: 3073476184 | | |
| Email: brenda.ilg@wyo.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-0002021

Title:

2021 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:

The Weatherization Assistance Program enables low-income families to permanently reduce their energy bills by making their homes more energy efficient.

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16. Congressional District Of:

a. Applicant: Wyoming At-Large Congressional District

b. Program/Project: WY-Statewide

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

a. Start Date: 07/01/2021

b. End Date: 06/30/2022

18. Estimated Funding (\$):

| | |
|-------------------|--------------|
| a. Federal | 1,255,285.00 |
| b. Applicant | 0.00 |
| c. State | 0.00 |
| d. Local | 0.00 |
| e. Other | 0.00 |
| f. Program Income | 0.00 |
| g. TOTAL | 1,255,285.00 |

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: Korin

Middle Name:

Last Name: Schmidt

Suffix:

Title: Director

Telephone Number: 3077777564

Fax Number:

Email: korin.schmidt1@wyo.gov

Signature of Authorized Representative: Signed Electronically

Date Signed: