

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

03/16/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Lake Worth Beach

* b. Employer/Taxpayer Identification Number (EIN/TIN):

596000358

* c. UEI:

GKQ1QGJPEVC7

d. Address:

* Street1:

1900 2nd Avenue North

Street2:

* City:

Lake Worth Beach

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33461-4204

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Jason

Middle Name:

* Last Name:

Bailey

Suffix:

Title: Assistant Director

Organizational Affiliation:

City of Lake Worth Beach Electric Utility

* Telephone Number:

561-273-0678

Fax Number:

* Email:

jbailey@lakeworthbeachfl.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:

81.254

CFDA Title:

Grid Infrastructure Deployment and Resilience

* 12. Funding Opportunity Number:

DE-FOA-0002740

* Title:

BIL Grid Resilience and Innovation Partnerships (GRIP)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

The project will upgrade end of life electric infrastructure with sectionalizing devices;
fiber optic connections; add interconnection and battery storage for existing solar;
advanced metering infrast

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

22

* b. Program/Project

22

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

09/01/2023

* b. End Date:

08/31/2028

18. Estimated Funding (\$):

| | |
|---------------------|---------------|
| * a. Federal | 23,462,167.00 |
| * b. Applicant | 23,462,167.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 46,924,334.00 |

*** 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 on .☐ 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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 comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** 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 specific instructions.

Authorized Representative:

Prefix:

* First Name:

Thomas

Middle Name:

* Last Name:

McKee

Suffix:

* Title:

Utility Services Manager

* Telephone Number:

561-493-2530

Fax Number:

* Email:

tmckee@lakeworthbeachfl.gov

* Signature of Authorized Representative:

Thomas J McKee

* Date Signed:

03/16/2023