

## APPENDIX F – PROJECT DESCRIPTION AND ASSURANCES DOCUMENT TEMPLATE (PDAD)

**Project title:** Smart Grid Topic Area 2

**Applicant Name:** City of Lake Worth Beach

**Applicant Address:** 7 N. Dixie Highway, Lake Worth Beach, FL 33460

**Names of all team member organizations (if applicable):**

Hooper Corporation

Restore-it-All

L.E. Myers

Grant Management Associates

**Principal Investigator:** Edward Liberty, 561-533-7314, [eliberty@lakeworthbeachfl.gov](mailto:eliberty@lakeworthbeachfl.gov)

**Business Point of Contact:** Alyssa Kirk (561) 273-0678 [akirk@lakeworthbeachfl.gov](mailto:akirk@lakeworthbeachfl.gov)

**Include any statements regarding confidentiality.** There is no confidential information contained in this proposal.

**Federal Share:** \$23,462,167

**Cost Share:** \$23,462,167

**Total Estimated Project Cost:** \$46,924,334

**Item 1: Specify (mark with "X") the FOA Topic Area and as applicable the Area of Interest (AOI):**

\_\_\_\_\_ Topic Area 1: **Grid Resilience Grants** (BIL section 40101(c))

**X** \_\_\_\_\_ Topic Area 2: **Smart Grid Grants** (BIL section 40107)

\_\_\_\_\_ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 1(**Transmission** System Applications)

\_\_\_\_\_ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 2(**Distribution** System Applications)

\_\_\_\_\_ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 3(**Combination** System Applications)

**TOPIC AREA 1 Specific Items: NOT APPLICABLE, APPLICATION IS FOR TOPIC AREA 2**

**Item 2: Specify (mark with "X") the entity type of the applicant organization:**

\_\_\_\_\_ electric grid operator

\_\_\_\_\_ electricity storage operator

\_\_\_\_\_ electricity generator

\_\_\_\_\_ transmission owner or operator

\_\_\_\_\_ distribution provider

\_\_\_\_\_ fuel supplier

If further description is needed for the specified entity type, please provide below:

**Item 3: Please provide the total amount (USD) of qualifying resilience investments (as outlined in DE-FOA-00002740) that has been spent for the previous 3 years. Please also provide the time period utilized for calculation of this amount.**

**Total Amount: \$37,993,712.22**

**Time Period for Resilience Investments: 3 years**

***Note: Topic Area 1 applicants must submit as part of their application, a report detailing past, current, and future efforts by the eligible entity to reduce the likelihood and consequences of disruptive events. This report should include efforts over at least the previous 3 years and at least the next 3 years and any broader resilience strategy used by the applicant.***

**Item 4: Is the eligible entity a Small Utility as defined in DE-FOA-0002740 (sells no more than 4,000,000 MWh of electricity per year)? If NO is selected, skip to Item 7.**

☐ Yes

☐ No NOT APPLICABLE, APPLICATION IS FOR TOPIC AREA 2

***Note: If YES, applicant must provide their Form 861 for the last reporting year submitted to the Energy Information Administration (EIA).***

**Item 5: Per BIL section 40101(e)(2) (C) APPLICATION LIMITATIONS.—An eligible entity may not submit an application for a grant provided by the Secretary under subsection (c) and a grant provided by a State or Indian Tribe pursuant to subsection (d) during the same application cycle.**

**Therefore, is the eligible entity a Subaward/Subcontract recipient for an application submitted under IIJA Section 40101(d), ALRD 2736? If “YES”, please describe the differences between the GRIP FOA 2740 application [40101(c)] and the ALRD 2736 [40101(d)] applications in the box below:**

☐ Yes

☐ No NOT APPLICABLE, APPLICATION IS FOR TOPIC AREA 2

**TOPIC AREA 2 SPECIFIC**

**No items**

**TOPIC AREA 3 SPECIFIC. NOT APPLICABLE, APPLICATION IS FOR TOPIC AREA 2**

**Item 6: Specify (mark with "X") the entity type of the applicant organization:**

- ☐ a State  
☐ a combination of 2 or more States  
☐ an Indian Tribe  
☐ a unit of local government  
☐ a public utility commission

If further description is needed for the specified entity type, please provide below:

**Item 7:**

**Authorized Organizational Representative (AOR): please provide name, address, phone number and e-mail address for the authorized agent to bind the entity**

**Authorized Organizational Representative OR):**

**Name:** Jerry Kelly  
**Address:** 7 N. Dixie Highway  
Lake Worth Beach, FL 33460  
**Phone:** 561-586-1689  
**E-mail:** jkelly@lakeworthbeachfl.gov

**Item 8: Signature of Authorized Organizational Representative (AOR)**

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