OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 04/04/2023

4. Applicant Identifier: Hawaiian Electric Company Inc.

5a. Federal Entity Identifier: WUW4GB49CPL6

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Hawaiian Electric Company Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 99-0040500

* c. UEI: WUW4GB49CPL6

d. Address:

* Street1: P.O.Box 2750
Street2: Unit 5401
* City: Honolulu
County/Parish: Honolulu
* State: HI: Hawaii
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 96840-0001

e. Organizational Unit:

Department Name: Planning and Technology

Division Name: GRID Technologies

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

Prefix:
* First Name: Darren
Middle Name:
* Last Name: Ishimura
Suffix:

Title: DIR, GRID TECHNOLOGIES.

Organizational Affiliation: Hawaiian Electric Company Inc.

* Telephone Number: 8085437814
Fax Number:

* Email: darren.ishimura@hawaiianelectric.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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.):

1234-LOW.xlsx

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Climate Adaptation Resilience Program

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: Hi-001
* b. Program/Project: HI-001

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

1235-Proposed Project Congressional Distri | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2023
* b. End Date: 09/30/2028

18. Estimated Funding ($):

* a. Federal	95,313,716.00
* b. Applicant	95,313,718.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	190,627,434.00

*** 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.
- [x] 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
- [x] 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)**

- [x] ** 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: Darren
Middle Name:
* Last Name: Ishimura
Suffix:

* Title: DIR, GRID TECHNOLOGIES

* Telephone Number: 8085437814
Fax Number:

* Email: darren.ishimura@hawaiianelectric.com

* Signature of Authorized Representative: Darren Ishimura
* Date Signed: 04/04/2023