

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:

04/06/2023

4. Applicant Identifier:

TA1-085-E Concept Paper

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: Mora-San Miguel Electric Cooperative, Inc.

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

85-0084487

* c. UEI:

U48DKL6B23M3

d. Address:

* Street1:

501 Highway 518

Street2:

* City:

Mora

County/Parish:

* State:

NM: New Mexico

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

877320240

e. Organizational Unit:

Department Name:

Department of Energy

Division Name:

GDO & OCED

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

Prefix:

* First Name:

Leslie

Middle Name:

* Last Name:

Montoya

Suffix:

Title: CEO/General Manager

Organizational Affiliation:

Mora-San Miguel Electric Cooperative, Inc.

* Telephone Number: 575-383-4276

Fax Number: 575-387-5975

* Email: lmontoya@morasanmiguel.coop

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Electric Distribution Co-op.

* 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:

Three-Part Wildfire Damage Mitigation Project, Part One-Remove Burned Trees That Will Fall on the Powerline, Part Two-Expand and Accelerate Enhanced Vegetation Management, Part Three-Modernize the Grid

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 NM-003

* b. Program/Project NM-003

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2024

* b. End Date: 01/01/2029

18. Estimated Funding (\$):

* a. Federal	11,270,193.00
* b. Applicant	3,756,731.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,026,924.00

*** 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: Leslie

Middle Name:

* Last Name: Montoya

Suffix:

* Title: CEO/General Manager

* Telephone Number: 575-383-4276 Fax Number: 575-387-5975

* Email: lmontoya@morasanmiguel.coop

* Signature of Authorized Representative: Leslie w Montoya * Date Signed: 04/06/2023