

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:

03/17/2023

4. Applicant Identifier:

Future Grid

5a. Federal Entity Identifier:

TA2-227-E

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: National Grid USA Service Co., Inc.

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

04-1663150

* c. UEI:

J9E7QV6Z8R18

d. Address:

* Street1:

170 Data Drive

Street2:

* City:

Waltham

County/Parish:

* State:

MA: Massachusetts

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

02451-2222

e. Organizational Unit:

Department Name:

Clean Energy Development

Division Name:

Infrastructure Investment

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

Prefix:

Ms.

* First Name:

Sharon

Middle Name:

* Last Name:

Daly

Suffix:

Title: Principal Program Manager

Organizational Affiliation:

Clean Energy Development & Infrastructure Investment

* Telephone Number:

(617) 470-6778

Fax Number:

* Email: sharon.daly@nationalgrid.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.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

The Future Grid project will deploy digital technology solutions to maximize the value of Distributed Energy Resources through advanced network management, resource orchestration and control.

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 MA-005

* b. Program/Project MA-005

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

1248-Future Grid Congressional Districts.x

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2024

* b. End Date: 03/31/2029

18. Estimated Funding (\$):

* a. Federal	49,642,758.00
* b. Applicant	89,371,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	139,013,758.00

*** 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: Ms. * First Name: Sharon

Middle Name:

* Last Name: Daly

Suffix:

* Title: Principal Program Manager

* Telephone Number: 617-470-6778 Fax Number:

* Email: sharon.daly@nationalgrid.com

* Signature of Authorized Representative: Sharon Daly * Date Signed: 03/17/2023