

## PROJECT DESCRIPTION AND ASSURANCES DOCUMENT (PDAD)

**Project title:** AEP ADMS and DERMS Initiative

**Applicant Name:** American Electric Power Service Corporation, a wholly owned subsidiary of American Electric Power Company, Inc. and its operating subsidiaries that cover portions of Arkansas, Indiana, Louisiana, Michigan, Ohio, Oklahoma, Tennessee, Texas, Virginia, and West Virginia (collectively, "AEP" or the "Company")

**Applicant Address:** 1 Riverside Plaza, Columbus, OH 43215

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

**Principal Investigator (Name, Address if different than Applicant's, Phone Number, E-mail):**

Scott S. Osterholt  
Director – Broadband and Telecom Business Development  
614.716.1330  
ssosterholt@aep.com

**Business Point of Contact (Name, Address if different than Applicant's, Phone Number, E-mail):**

Scott S. Osterholt  
Director – Broadband and Telecom Business Development  
614.716.1330  
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**Federal Share:** \$27,849,762.50

**Cost Share:** \$27,849,762.50

**Total Estimated Project Cost:** \$55,699,525

**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:**

**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:

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**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:**

**Time Period for Resilience Investments:**

***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

***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

**TOPIC AREA 2 Specific**

No items

**TOPIC AREA 3 Specific**

**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:

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**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 (AOR):**

**Name:** Scott S. Osterholt, Director – Broadband and Telecom Business Development

**Address:** 1 Riverside Plaza, Columbus, OH 43215

**Phone:** 614.716.1330

**E-mail:** ssosterholt@aep.com

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

  
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