

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:

05/18/2023

4. Applicant Identifier:

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: State of Louisiana Department of Natural Resources

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

72-0805459

* c. UEI:

TMMEDSRFDGT9

d. Address:

* Street1:

P.O. Box 94396

Street2:

617 N. 3rd Street

* City:

Baton Rouge

County/Parish:

East Baton Rouge

* State:

LA: Louisiana

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

70804-9396

e. Organizational Unit:

Department Name:

Department of Natural Resource

Division Name:

Technology Assessment Division

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

Prefix:

Mr.

* First Name:

Edward

Middle Name:

Lawrence

* Last Name:

O'Brien

Suffix:

III

Title: Senior Economist

Organizational Affiliation:

* Telephone Number:

225-342-8573

Fax Number:

* Email: edward.obrien@la.gov

Application for Federal Assistance SF-424

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

A: State Government

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:

State of Louisiana: Louisiana Hubs for Energy Resilient Operations (HERO) Project

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 LA-06

* b. Program/Project LA-A11

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: 09/30/2031

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>	(b) (4)
* b. Applicant	<input type="text"/>	(b) (4)
* c. State	<input type="text"/>	0.00
* d. Local	<input type="text"/>	0.00
* e. Other	<input type="text"/>	0.00
* f. Program Income	<input type="text"/>	0.00
* g. TOTAL	<input type="text"/>	(b) (4)

*** 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:	Mr.	* First Name:	Edward
Middle Name:	Lawrence		
* Last Name:	O'Brien		
Suffix:	III		

* Title: Senior Economist

* Telephone Number: 225-342-8573 Fax Number:

* Email: edward.obrien@la.gov

* Signature of Authorized Representative: Edward L Obrien * Date Signed: 05/18/2023