OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 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: New York State Energy Research and Development Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS: 001827989

d. Address:

*Street 1: 17 Columbia Circle
Street 2:
*City: Albany
County:
*State: New York
Province:
*Country: USA
*Zip / Postal Code 12203-6399

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: *First Name: Adele
Middle Name:
*Last Name: Ferranti
Suffix:

Title: Program Manager

Organizational Affiliation:

*Telephone Number: 518-862-1090 ext. 3206 Fax Number: 518-862-1091

*Email: af1@nyserda.org

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***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:**

Idaho Field Office

11. Catalog of Federal Domestic Assistance Number:

81.127

CFDA Title:

Energy Efficient Appliance Rebate Program

***12 Funding Opportunity Number:**

DE-FOA-0000119

*Title:

Recovery: State Energy Efficient Appliance Rebate Program (SEEARP)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

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

New York State's Energy Efficient Appliance Rebate Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

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16. Congressional Districts Of:

*a. Applicant: NY-021 *b. Program/Project: NY-all

17. Proposed Project:

*a. Start Date: 10/30/2009 *b. End Date: 2/17/2012

18. Estimated Funding ($):

*a. Federal	18,700,000.00
*b. Applicant	1,870,000.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	20,570,000.00

***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.)**

☐ Yes ☒ No

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 218, 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: Jeffrey

Middle Name: J.

*Last Name: Pitkin

Suffix: _____

*Title: Treasurer

*Telephone Number: 518-862-1090 ext. 3223 | Fax Number: 518-862-1091

* Email: jjp@nyserda.org

*Signature of Authorized Representative: *Date Signed: 8/12/09

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.