**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Expiration Date: 10/31/2019

OMB Number: 4040-004

Version 02

DE-EE0007934

3. Date Received

 1. Type of Submission:

Changed/Corrected Application

Application

4. Applicant Identifier:

 2. Type of Application:

Revision

New

5a. Fed Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

Preapplication

Continuation

If Revision, select appropriate letter(s)

Other (specify):

**State Use Only:**

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

1830 College Parkway, Suite 200

Street 1:

a. Legal Name:

State of Nevada

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

886000022

**d. Address:**

Street 2:

City:

County:

State:

Province:

Country:

Zip / Postal Code:

**e. Organizational Unit:**

Department Name:

Division Name:

c. Organizational DUNS:

Carson City

CARSON CITY

NV

897060000

04/24/2020

EE0007934

179258715

Business and Industry

Nevada Housing Division

**X**

**X**

U.S.A.

EE0007934

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

Nevada Housing Division

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Mr

LaRow

Jacob

Deputy Administrator, Weatherization Program

7024865990

7756874040

jlarow@housing.nv.gov

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Expiration Date: 10/31/2019

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Version 02

Weatherization Assistance Program

**9. Type of Applicant:**

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

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

**13. Competition Identification Number:**

**12. Funding Opportunity Number:**

**11. Catalog of Federal Domestic Assistance Number:**

**10. Name of Federal Agency:**

U. S. Department of Energy

81.042

Statewide

Nevada's Low-Income Weatherization Assistance Program - Formula Grant

2020 Weatherization Assistance Program

DE-WAP-0002020

State Government

A

CFDA Title:

Title:

Title:

**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Expiration Date: 10/31/2019

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Version 02

**16.Congressional District Of:**

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

**17. Proposed Project:**

**18. Estimated Funding ($):**

g. TOTAL

f. Program Income

e. Other

d. Local

c. State

b. Applicant

a. Federal

**19. Is Application subject to Review by State Under Executive Order 12372 Process?**

c. Program is not covered by E.O. 12372

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

a. This application was made available to the State under the Executive Order 12372 Process for review

**20. Is the applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation)**

**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**

 \*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency

 0.00

 0.00

 0.00

 0.00

 0.00

 0.00

NV-Statewide

b. Program/Project:

Nevada Congressional District 02

a. Applicant:

07/01/2020

a. Start Date:

06/30/2021

b. End Date:

X

No

I AGREE

 0.00

**Authorized Representative:**

**Date Signed:**

Telephone Number:

Fax Number:

Title:

Suffix:

Last Name:

Middle Name:

First Name:

Prefix:

Email:

Signature of Authorized Representative:

Mr

Steve

Aichroth

Administrator

7756872246

7756874040

saichroth@housing.nv.gov

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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