



<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> A.State Government  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Energy, National Energy Technology Laboratory	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 81.042 _____  CFDA Title: Weatherization Assistance for Low-Income Persons _____	
<b>*12 Funding Opportunity Number:</b> DE-FOA-0000051 _____  *Title: Weatherization Formula Grants, American Recovery and Reinvestment Act (ARRA) _____	
<b>13. Competition Identification Number:</b> _____  Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> State of Hawaii, Federal Congressional Districts 1 and 2, which include the City and County of Honolulu, Kauai County, Maui County, and Hawaii County.	
<b>*15. Descriptive Title of Applicant's Project:</b> American Recovery and Reinvestment Act (ARRA) Weatherization Assistance Program for Low-Income Persons	

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: HI-001

\*b. Program/Project: HI-all

**17. Proposed Project:**

\*a. Start Date: 04/01/2009

\*b. End Date: 03/31/2012

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

*a. Federal	_____	4,041,461
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	4,041,461

**\*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: Ms.      \*First Name: Linda

Middle Name: \_\_\_\_\_

\*Last Name: Lingle

Suffix: \_\_\_\_\_

\*Title: Governor

\*Telephone Number: (808) 586-0034      Fax Number: (808) 586-0006

\* Email: governor.lingle@hawaii.gov

\*Signature of Authorized Representative: 

\*Date Signed: **MAR 18 2009**