

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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

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

***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

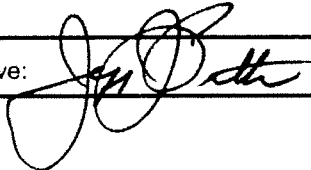
Suffix: _____

*Title: Treasurer

*Telephone Number: 518-862-1090 ext. 3223

Fax Number: 518-862-1091

* Email: jjp@nyserda.org

*Signature of Authorized Representative: 

*Date Signed: 8/14/09

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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.