

II. Application for Federal Assistance – Standard Form 424

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non- Construction	3. DATE RECEIVED BY STATE	
		4. DATE RECEIVED BY FEDERAL AGENCY Applicant Identifier #	
5. APPLICANT INFORMATION			
Legal Name: Arkansas State of		Organizational Unit: Arkansas Energy Office Department: Arkansas Economic Development Commission	
Organizational DUNS: 784114217		Division: Arkansas Energy Office	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 900 West Capitol Ave, Suite 400		Prefix: Mr.	
City: Little Rock		First Name: James	
County: Pulaski		Last Name: Lowery	
State: Arkansas	Zip Code: 72201	Suffix:	
Country: United States		Email: JLowery@arkansasEDC.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 710489145		Phone Number (give area code) (501) 682-7678	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)	
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81-042 TITLE (Name of Program): Title IV, Part A, P.L. 94-385		9. NAME OF FEDERAL AGENCY: U. S. DEPARTMENT OF ENERGY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): State of Arkansas		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Weatherization Assistance Program - The program provides energy conservation for the homes of low-income elderly and disabled.	
13. PROPOSED PROJECT Start Date: 07/01/14		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second	
Ending Date: 06/30/15			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$1,613,442	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE	
d. Local	\$	FOR REVIEW	
e. Other (HEAP)	\$4,125,706	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. X No	
f. Program Income	\$		
g. TOTAL	\$5,739,148		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name James	Middle Name David	
Last Name Lowery		Suffix	
b. Title Deputy Director		c. Telephone Number (give area code) (501) 682-7678	
d. Signature of Authorized Representative		e. Date Signed	

STATE CLEARINGHOUSE
APPLICATION SUPPLEMENT

1. IF THIS IS A "NOTIFICATION OF INTENT" TO APPLY OR A PREAPPLICATION, PLEASE CHECK THIS BOX AND INDICATE GRANT I.D. ASSIGNED.
GRANT I.D. _____X(8)
2. IF THIS IS AN ACTUAL GRANT APPLICATION, PLEASE CHECK THIS BOX , AND INDICATE GRANT I.D. ASSIGNED. Grant I. D. AEO-1301 (8)
*NOTE: IF A NOTIFICATION OF INTENT OR PREAPPLICATION HAS BEEN PREVIOUSLY SUBMITTED, USE THAT I.D. TO COMPLETE ITEM 2 AND INDICATE SAI# THAT WAS ASSIGNED TO THE NOI OR PREAPP. SAI# _____X(8)
3. IF THIS IS AN APPLICATION FOR SUPPLEMENTAL FUNDS OR IS A REVISION, PLEASE INDICATE ORIGINAL GRANT I.D. AND SAI# TO WHICH IT APPLIES.
GRANT I.D. _____X(8) SAI# _____X(8)
4. GRANT YEAR 2014-2015 XX
5. GRANT START DATE 07 / 01 / 14 GRANT END DATE 06 / 30 / 15 (mo/day/yr)
6. APPLICANT (AGENCY) CODE 710H X(7) (see Applicant Code List)
7. GRANTOR CODE DOE X(5) (see Grantor Code List)
8. ORGANIZATION UNIT _____ Department of Energy
9. FUNDING PERCENTAGE REQUIREMENTS:
FEDERAL 100 % STATE _____ % OTHER _____ %
10. TYPE OF ASSISTANCE (A THROUGH P) _____ (see instructions on back)
11. METHOD OF FUNDING 3
 1. ADVANCE BY TREASURY CHECK
 2. REIMBURSEMENT BY TREASURY CHECK
 3. ADVANCE BY LETTER OF CREDIT
 4. REIMBURSEMENT BY LETTER OF CREDIT
12. FEDERAL FUNDS FOR THIS GRANT WILL BE RECEIVED DIRECTLY FROM (CHECK ONE)
 A FEDERAL AGENCY ANOTHER STATE AGENCY OTHER SOURCE

**If a source is OTHER please specify _____

13. DO YOU HAVE AN INDIRECT COST RATE? YES NO
14. IF YES, IS THE RATE BEING APPLIED TO THIS PROJECT? YES NO

15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
	\$	%	\$
D. EXPLANATION*			

GRANTS ANALYST _____

 Signature
 AGENCY _____ Arkansas Energy Office

DATE _____

III. Budget

III.1 SF 424A Budget Preparation

SUPPLEMENTARY GRANT INFORMATION

APPLICANT: Arkansas Energy Office
 900 West Capitol Ave, Suite 400
 Little Rock, Arkansas 72201

PROJECT DURATION:
07/01/14 - 06/30/15

Name of Funding Agency: Arkansas Energy Office

Part I: Project Description: Briefly describe the purpose of the grant, the work to be done and the projected accomplishments:

The Weatherization Assistance Program for Low-Income Persons will weatherize 649 units for the low-income families in program year 2014 using DOE and LIHEAP funds.

Part II: Budgetary Information:

	<u>Applicant</u>	<u>Federal</u>	<u>State Local Other (LIHEAP Funds)</u>	<u>Total</u>
Personnel Services	\$ _____	\$113,874.28	\$149,399.47	\$263,274.00
Supplies and Equipment	_____	<u>12,236.00</u>	<u>\$27,408.00</u>	<u>\$39,644.00</u>
Travel	_____	<u>74,879.00</u>	<u>\$29,481.83</u>	<u>\$104,360.83</u>
SF Capital Outlay	_____	<u>0</u>	<u>0</u>	<u>0</u>
Consultants Services	_____	<u>1,286,871.00</u>	<u>3,754,416.30</u>	<u>\$5,041,287.20</u>
Other	_____	<u>120,520.00</u>	<u>165,000.00</u>	<u>\$ 285,520.00</u>
Total	_____	<u>1,613,442.00</u>	<u>4,125,706.14</u>	<u>\$5,739,148.14</u>
Indirect Cost (___%)	_____	<u>0</u>	<u>0</u>	<u>0</u>
Total Support	\$ _____	<u>\$1,613,442.00</u>	<u>\$4,125,706.14</u>	<u>\$5,739,148.14</u>

Indicate Other Services: _____

Indicate "In-Kind" support by an (*) next to amount.

If the project is for more than one year, you should submit a separate budget for each applicable year.

III.2 Budget Categories – Section B

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1 DOE	81.402			\$1,613,442.00		\$ 1,613,442.00
2						\$0
3						\$0
4						\$0
5 Totals		\$0	\$0	\$1,613,442.00	\$0	\$ 1,613,442.00

Section B - Budget Categories									
6 Object Class Categories	Grant Program, Function or Activity				Grant Program, Function or Activity				Total (9)
	(1) Grantee Adm	(2) Sub Grantee Adm	(3) Grantee T & TA	(4) Sub-Grantee T & TA	(5) Program Operations	(6) Liability Insurance	(7) Financial Audit	(8) Health & Safety	
a. Personnel	\$41,384		\$37,878						\$79,262
b. Fringe Benefits	\$22,922		\$16,752						\$33,762
c. Travel	\$1,845		\$73,030						\$74,875
d. Equipment - Program Monitoring	\$0		\$8,700						\$8,700
e. Supplies	\$0		\$3,540						\$3,540
f. Contractual - 3rd Party QCI, Client Ed, Tech Conf, JAI Trg	\$0	\$66,151.10	\$62,600	\$30,000	\$992,111.83	\$10,000	\$10,000	\$178,608	\$1,349,471
g. Construction									
h. Other (WTC)			\$57,920						\$57,920
i. Total Direct Charges (sum of 6a-6h)	\$66,151	\$66,151.10	\$260,420	\$30,000	\$992,111.83	\$10,000	\$10,000	\$178,608	\$1,595,290
j. Indirect Charges									\$0
k. Totals (sum of 6i-6j)	\$66,151.10	\$66,151.10	\$260,420	\$30,000	\$992,111.83	\$10,000	\$10,000	\$178,608	\$ 1,613,442.00
7 Program Income									\$0

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