

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*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: State of Tennessee

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
626000144

\*c. Organizational DUNS:  
879015923

**d. Address:**

\*Street 1: Wm. Snogross Tennessee Tower  
Street 2: 312 Rosa L. Parks Avenue, 10th Floor  
\*City: Nashville  
County: \_\_\_\_\_  
\*State: TN  
Province: \_\_\_\_\_  
\*Country: United States  
\*Zip / Postal Code 37243

**e. Organizational Unit:**

Department Name:  
Economic and Community Development

Division Name:  
Energy Policy Office

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

Prefix: \_\_\_\_\_ \*First Name: Ryan  
Middle Name: \_\_\_\_\_  
\*Last Name: Gooch  
Suffix: \_\_\_\_\_

Title: Energy Policy Director

Organizational Affiliation:  
Department of Economic and Community Development

\*Telephone Number: 615-741-2994

Fax Number: 615-741-5070

\*Email: ryan.gooch@tn.gov

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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:**

**US Department of Energy - Idaho Operations Office**

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

81.127 \_\_\_\_\_

CFDA Title:

Energy Efficient Appliance Rebate Program (EEARP)

**\*12 Funding Opportunity Number:**

DE-FOA-0000119

\*Title:

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:**

Tennessee Energy Efficient Appliance Rebate Program

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**16. Congressional Districts Of:**

\*a. Applicant: TN-005

\*b. Program/Project: ALL

**17. Proposed Project:**

\*a. Start Date: 10/01/2009

\*b. End Date: 02/17/2012

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

*a. Federal	_____	\$5,963,000
*b. Applicant	_____	0
*c. State	_____	0
*d. Local	_____	0
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	\$5,963,000

**\*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: Ryan \_\_\_\_\_

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

\*Last Name: Gooch \_\_\_\_\_

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

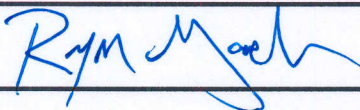
\*Title: Energy Policy Director

\*Telephone Number: 615-741-2994

Fax Number: 615-741-5070

\* Email: ryan.gooch@tn.gov

\*Signature of Authorized Representative:



\*Date Signed: 08/11/2009

**\*Applicant Federal Debt Delinquency Explanation**

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