

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" 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: Illinois Department of Commerce and Economic Opportunity		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 371380174		*c. Organizational DUNS: 806811931
d. Address:		
*Street 1:	<u>620 East Adams Street</u>	
Street 2:	_____	
*City:	<u>Springfield</u>	
County:	<u>Sangamon</u>	
*State:	<u>Illinois</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>62701-1615</u>	
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: <u>Jonathan</u>	
Middle Name: _____		
*Last Name: <u>Feipel</u>		
Suffix: _____		
Title: <u>Deputy Director</u>		
Organizational Affiliation: Bureau of Energy & Recycling (Illinois Energy Office)		
*Telephone Number: 217/785-2009		Fax Number: 217/785-2618
*Email: <u>Jonathan.Feipel@illinois.gov</u>		

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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:

State 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.):

Statewide

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

Illinois Energy Efficient Appliance Rebate Program

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16. Congressional Districts Of:

*a. Applicant: IL-018

*b. Program/Project: IL-all

17. Proposed Project:

*a. Start Date: 11/16/09

*b. End Date: 6/30/12

18. Estimated Funding (\$):

*a. Federal	_____	12,379,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	12,379,000

***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: Warren _____
Middle Name: _____
*Last Name: Ribley _____
Suffix: _____

*Title: Director

*Telephone Number: 217-782-3233

Fax Number: _____

* Email: Warren.Ribley@illinois.gov

*Signature of Authorized Representative: *Warren Ribley by [Signature]*

*Date Signed: 8/12/09