

Grant Application Package

Opportunity Title:	Recovery Act - State	Energy Program		
Offering Agency:	National Energy Tech	nology Laboratory		This electronic grants application is intended to be used to apply for the specific Federal funding
CFDA Number:	81.041			opportunity referenced here.
CFDA Description:	State Energy Program			If the Federal funding opportunity listed is not
Opportunity Number:	DE-FOA-0000052			the opportunity for which you want to apply,
Competition ID:				close this application package by clicking on the "Cancel" button at the top of this screen. You
Opportunity Open Date:	03/12/2009			will then need to locate the correct Federal
Opportunity Close Date:	05/12/2009			funding opportunity, download its application and then apply.
Agency Contact:	Sheldon Funk Contract Specialist E-mail: sheldon.funk Phone: 304-285-0204	∂netl.doe.gov		
tribal government, ac * Application Filing Name Mandatory Documents	cademia, or other type of o	rganization. pta Move Form to	Mandatory Docur	tions on behalf of a company, state, local or
Project/Performance	Site Location(s)	Complete Move Form to Delete	Application fo	ents Form
Optional Documents Disclosure of Lobby:	ing Activities (SF-LL:	Move Form to Submission List Move Form to Delete	Optional Docume	ents for Submission

Instructions



Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.



Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.



Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for	Federal Assista	nce SF	-424					Ver	sion 02
* 1. Type of Submission Preapplication Application Changed/Core		X Ne	• •		Revision, select a	ppropriate letter	(s):		
* 3. Date Received:	ov upon submission.	4. Appli	cant Identifier:						
5a. Federal Entity Id	lentifier:			*	5b. Federal Awa	ard Identifier:			
State Use Only:				1 =					
6. Date Received by	State:		7. State Application	Iden	tifier:				
8. APPLICANT INF	ORMATION:		l .						
* a. Legal Name:	State of South	Dakota							
* b. Employer/Taxpa	ayer Identification Nur	mber (EIN	N/TIN):	1-	c. Organization	al DUNS:			
d. Address:									
* Street1: Street2: * City: County: * State: Province: * Country:	523 East Capi Pierre Hughes	tol Av	enue		SD: South				
* Zip / Postal Code:	57501								
e. Organizational	Unit:								
Department Name: Bureau of Adm:	inistration			1-	vivision Name:	ne State En	ngineer		
f. Name and conta	ct information of p	erson to	be contacted on m	atter	rs involving th	is application	1:		
Prefix: Ms Middle Name: M * Last Name: Fa Suffix:	rris		* First Name	e:	Michele				
Title: State Ene	rgy Manager								
Organizational Affilia	ation:								
* Telephone Numbe	r: 605 773-3899				Fax N	lumber: 605	773-5980		
* Email: michele	.farris@state.	sd.us						 	

Application for Federal Assistance SF-424	Version 02
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:	
National Energy Technology Laboratory	
11. Catalog of Federal Domestic Assistance Number:	
81.041	
CFDA Title:	
State Energy Program	
* 12. Funding Opportunity Number:	
DE-FOA-0000052	
* Title:	
Recovery Act - State Energy Program	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Statewide	
* 15. Descriptive Title of Applicant's Project:	
Implementation and administration of the American Recovery and Reinvestment Act State Energy	
Program funds.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	
Add Attachments View Attachments	

Application	for Federal Assistand	e SF-424							Version 02
16. Congression	onal Districts Of:								
* a. Applicant	1			* b.	Program/F	Project	1		
Attach an addition	onal list of Program/Project (Congressional Districts i	needed.						
		Add Attachment	Delete Attac	chment	View A	Attachm	nent		
17. Proposed F	Project:								
* a. Start Date:	04/14/2009				* b. Er	nd Date	: 03/31/2	012	
18. Estimated I	Funding (\$):								
* a. Federal		23,709,000.00							
* b. Applicant		0.00							
* c. State		0.00							
* d. Local		0.00							
* e. Other		0.00							
* f. Program Inc	ome	0.00							
* g. TOTAL		23,709,000.00							
a. This app b. Program c. C. Program	ition Subject to Review Belication was made available is subject to E.O. 12372 is not covered by E.O. 12011cant Delinquent On Any	ble to the State under to the State under to the State under the but has not been selected.	he Executive O	rder 12372 e for revie	2 Process w.	s for rev	view on		<u></u>
herein are true comply with ar subject me to d	ertifications and assurances	e to the best of my ept an award. I am aw trative penalties. (U.S	knowledge. I a rare that any fal . Code, Title 21	Iso providuse, fictition 8, Section	de the re ous, or fra 1001)	equired auduler	assurances nt statement	s** and agree s or claims m	to ay
Authorized Re	presentative:								
Prefix:	Ms.	* First N	ame: Michel	.e					
Middle Name:	м.								
* Last Name:	Farris								
Suffix:									
* Title: St	ate Energy Manager								
* Telephone Nur	mber: 605 773-3899			Fax Num	ber: 605	773-	5980		
* Email: miche	ele.farris@state.sd	us							
* Signature of A	uthorized Representative:	Completed by Grants.gov u	pon submission.	* Date	Signed:	Comple	eted by Grants.go	ov upon submission	

Application for Federal Assistance SF-424	Version 02
* Applicant Federal Debt Delinquency Explanation	
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	
characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	

* Mandatory Other Attachment File	ename: StatePlan.pdf	
Add Mandatory Other Attachment	Delete Mandatory Other Attachment	View Mandatory Other Attachmen

To add more "Other Attachment" attachments, please use the attachment buttons below.