

Application for Federal Assistance SF-424

* 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:

04/14/2023

4. Applicant Identifier:

The City of Oklahoma City

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Oklahoma

8. APPLICANT INFORMATION:

* a. Legal Name:

The City of Oklahoma City

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

73-6005359

* c. UEI:

D3MUME8J5T25

d. Address:

* Street1:

420 W. Main 9th Floor

Street2:

* City:

Oklahoma City

County/Parish:

Oklahoma

* State:

OK: Oklahoma

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

73102-4437

e. Organizational Unit:

Department Name:

Planning

Division Name:

Community Development Division

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

Prefix:

Ms.

* First Name:

Amanda

Middle Name:

* Last Name:

Alewine

Suffix:

Title:

Senior Brownfields Planner

Organizational Affiliation:

The City of Oklahoma City

* Telephone Number:

4052971766

Fax Number:

4053161766

* Email:

amanda.alewine@okc.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.312

CFDA Title:

Environmental Justice Government-to-Government (EJG2G) Program

* 12. Funding Opportunity Number:

EPA-R-OEJECR-OCS-23-02

* Title:

Environmental Justice Government-to-Government Program (EJG2G)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

NE Corner of NE 23rd and Martin Luther King Community Engagement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

4&5

* b. Program/Project

5

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

1/01/2025

* b. End Date:

12/31/2027

18. Estimated Funding (\$):

* a. Federal

1,000,000.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

1,000,000.00

*** 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

04/14/2023

☐ 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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 18, 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:

Ms.

* First Name:

Amanda

Middle Name:

* Last Name:

Alewine

Suffix:

* Title:

Senior Brownfields Planner

* Telephone Number:

4052971766

Fax Number:

4053161766

* Email:

amanda.alewine@okc.gov

* Signature of Authorized Representative:

Amanda B Alewine

* Date Signed:

04/14/2023