

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

BF

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Boscawen, Town of

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

02-6000081

* c. Organizational DUNS:

0402296680000

d. Address:

* Street1:

116 North Main Street

Street2:

* City:

Boscawen

County/Parish:

Merrimack

* State:

NH: New Hampshire

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

03303-1123

e. Organizational Unit:

Department Name:

Administration

Division Name:

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

Prefix:

Mr.

* First Name:

Alan

Middle Name:

H.

* Last Name:

Hardy

Suffix:

Title: Town Administrator

Organizational Affiliation:

Administration

* Telephone Number:

603-892-4201

Fax Number:

* Email:

ahardy@townofboscawen.org

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:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-818

CFDA Title:

Brownfields

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-07

* Title:

Proposal Guidelines for Brownfields Cleanup Grants

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:

Town of Boscawen's Brownfields Cleanup Program

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

2

* b. Program/Project

2

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2021

* b. End Date:

09/30/2024

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	100,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	600,000.00

*** 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 06/04/2021 .
- ☐ 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 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: Mr. * First Name: Alan

Middle Name: H.

* Last Name: Hardy

Suffix:

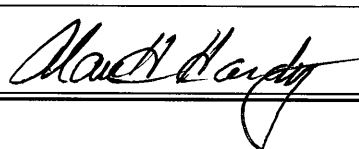
* Title: Town Administrator

* Telephone Number: 603-892-4201

Fax Number:

* Email: ahardy@townofboscawen.org

* Signature of Authorized Representative:



* Date Signed: 05/24/2021