

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:

03/16/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Pennsylvania

8. APPLICANT INFORMATION:

* a. Legal Name:

Duquesne Light Company

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

250451600

* c. UEI:

LVJ8ELLU12J7

d. Address:

* Street1:

411 7th Avenue

Street2:

* City:

Pittsburgh

County/Parish:

* State:

PA: Pennsylvania

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

15219-1942

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

* First Name:

Elizabeth

Middle Name:

* Last Name:

Cook

Suffix:

Title:

Director, Advanced Grid Sys. + Grid Mod.

Organizational Affiliation:

* Telephone Number:

412-760-2186

Fax Number:

* Email:

ecook@duqlight.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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:

81.254

CFDA Title:

Grid Infrastructure Deployment and Resilience

* 12. Funding Opportunity Number:

DE-FOA-0002740

* Title:

BIL Grid Resilience and Innovation Partnerships (GRIP)

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:

Grid Visibility Program (GVP): Unlocking System-Wide Data to Build a More Resilient and Equitable Grid

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 PA-012

* b. Program/Project PA-012

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

1248-Congressional Districts_DLC.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2024

* b. End Date: 12/31/2028

18. Estimated Funding (\$):

* a. Federal	19,724,715.00
* b. Applicant	20,215,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	39,939,715.00

*** 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 .
- ☐ 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: Dr. * First Name: Elizabeth

Middle Name:

* Last Name: Cook

Suffix:

* Title: Director, Advanced Grid Sys. + Grid Mod.

* Telephone Number: 412-760-2186

Fax Number:

* Email: ecook@duqlight.com

* Signature of Authorized Representative: Elizabeth Cook

* Date Signed: 03/16/2023