

## 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:

8. APPLICANT INFORMATION:

\* a. Legal Name: PPL Electric Utilities Corporation

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

23-0959590

\* c. UEI:

SQ4JCSNMRGR9

d. Address:

\* Street1:

2 N. 9th Street

Street2:

\* City:

Allentown

County/Parish:

PA

\* State:

PA: Pennsylvania

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

18101-1139

e. Organizational Unit:

Department Name:

IT and Distribution

Division Name:

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

Prefix:

\* First Name:

Eric

Middle Name:

\* Last Name:

Resch

Suffix:

Title: Project Manager

Organizational Affiliation:

Project Manager-Business Contact

\* Telephone Number:

(b) (6)

Fax Number:

\* Email:

(b) (6)

## 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.):

1247-Grid of the Future Project County Impa

Add Attachment

Delete Attachment

View Attachment

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

The Grid of the Future Project

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-007

\* b. Program/Project PA-007

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

1248-Grid of the Future Project Congressio

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	49,500,000.00
* b. Applicant	49,500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,000,000.00

**\* 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 .
- ☐ 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: \* First Name: Eric

Middle Name: Robert

\* Last Name: Resch

Suffix:

\* Title: Project Manager

\* Telephone Number: (b) (6) Fax Number:

\* Email: (b) (6)

\* Signature of Authorized Representative: Eric R Resch \* Date Signed: 03/16/2023