

APPENDIX F – PROJECT DESCRIPTION AND ASSURANCES DOCUMENT TEMPLATE (PDAD)

Project title: State of Louisiana: Louisiana Hubs for Energy Resilient Operations (HERO) Project

Applicant Name: State of Louisiana

Applicant Address: 617 N. 3rd Street, Baton Rouge, Louisiana 70802

Names of all team member organizations (if applicable):

Louisiana Office of Governor John Bel Edwards
Louisiana Public Service Commission
Governor’s Office of Homeland Security and Emergency Preparedness
CLECO Power
Entergy New Orleans
Entergy Louisiana
Southwestern Electric Power Company
Terrebonne Parish Consolidated Government
Together Louisiana
Center for Planning Excellence
University of Louisiana at Lafayette
Xavier University of Louisiana
City of New Orleans
The Accelerate Group
NextGen Energy Partners

Principal Investigator (Name, Address if different than Applicant’s, Phone Number, E-mail):

Edward O’Brien, Senior Economist
617 N. 3rd Street, Baton Rouge, Louisiana 70802
Edward.OBrien@la.gov | 225.342.8573

Business Point of Contact (Name, Address if different than Applicant’s, Phone Number, E-mail):

Edward O’Brien, Senior Economist
617 N. 3rd Street, Baton Rouge, Louisiana 70802
Edward.OBrien@la.gov | 225.342.8573

Federal Share: \$249,329,483.38

Cost Share: \$252,540,387.43

Total Estimated Project Cost: \$501,869,870.82

Item 1: Specify (mark with "X") the FOA Topic Area and as applicable the Area of Interest (AOI):

_____ Topic Area 1: Grid Resilience Grants (BIL section 40101(c))

_____ Topic Area 2: Smart Grid Grants (BIL section 40107)

_____ Topic Area 3: Grid Innovation Program (BIL section 40103(b)) – Area of Interest 1 (Transmission System Applications)

☒ Topic Area 3: Grid Innovation Program (BIL section 40103(b)) – Area of Interest 2 (Distribution System Applications)

_____ Topic Area 3: Grid Innovation Program (BIL section 40103(b)) – Area of Interest 3 (Combination System Applications)

Item 6: Specify (mark with "X") the entity type of the applicant organization:

☒ a State

_____ a combination of 2 or more States

_____ an Indian Tribe

_____ a unit of local government

_____ a public utility commission

Item 7: Authorized Organizational Representative (AOR): please provide name, address, phone number and email address for the authorized agent to bind the entity

Authorized Organizational Representative (AOR):

Name: Edward L. O'Brien, III

Address: 617 N. 3rd St., Ste 1270, Baton Rouge, LA 70804

Phone: 225-342-8573

E-mail: Edward.obrien@la.gov

Item 8: Signature of Authorized Organizational Representative (AOR)


