

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:**

04/06/2023

4. Applicant Identifier:

TA1-103-E

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:** Xcel Energy Services Inc.

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

41-0448030

*** c. UEI:**

(b) (4)

d. Address:

*** Street1:**

414 Nicollet Mall

Street2:

*** City:**

Minneapolis

County/Parish:

*** State:**

MN: Minnesota

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

55401-1993

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mrs.

*** First Name:**

Kathryn

Middle Name:

*** Last Name:**

Valdez

Suffix:

Title: Director, Carbon-free Technology Policy

Organizational Affiliation:

Xcel Energy Services, Inc. (Xcel Energy, Inc.)

*** Telephone Number:**

(b) (6)

Fax Number:

*** Email:** Kathryn.valdez@xcelenergy.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:

Department of Energy, Office of Clean Energy

11. Catalog of Federal Domestic Assistance Number:

81.254

CFDA Title:

Funding Opportunity Announcement Number: DE-FOA-0002740

* 12. Funding Opportunity Number:

DE-FOA-0002740

* Title:

Bipartisan Infrastructure Law: 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:

Wildfire Mitigation and Extreme Weather Resilience for Xcel Energy

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	MN-005
* b. Program/Project	MN-005
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	01/01/2024
* b. End Date:	12/31/2028
18. Estimated Funding (\$):	
* a. Federal	(b) (4)
* b. Applicant	
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<input type="checkbox"/> ** 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:	Mrs.
* First Name:	Kathryn
Middle Name:	
* Last Name:	Valdez
Suffix:	
* Title:	Director, Carbon-free Technology Policy
* Telephone Number:	(b) (6)
Fax Number:	
* Email:	Kathryn.Valdez@xcelenergy.com
* Signature of Authorized Representative:	
* Date Signed:	