OMB Number: 4040-004 Expiration Date: 10/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424	Version 02					
1. Type of Submission: Preapplication X Application Changed/Corrected Application 2. Type of Application New X Continuation Revision						
3. Date Received	4. Applicant Identifier:					
5a. Fed Entity Identifier:	5b. Federal Award Identifier: DE-EE0007918					
State Use Only:						
6. Date Received by State: 06/27/2017	7. State Application Identifier:					
8. APPLICANT INFORMATION:						
a. Legal Name: State of Indiana, IHCDA						
b. Employer/Taxpayer Identification Number (EIN/TIN): 351485172	c. Organizational DUNS: 086870479					
d. Address:						
Street 1: 30 South Meridian Street						
Street 2: Suite 900						
City: Indianapolis						
County: MARION County						
State: IN	tate: IN					
Province:						
Country: U.S.A.						
Zip / Postal Code: 462040000						
e. Organizational Unit:						
Department Name:	Division Name:					
Weatherization	Community Programs					
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: Ms First Name: Emily						
Middle Name:						
Last Name: Krauser						
Suffix:						
Title: Director of Community Programs						
Organizational Affiliation: Indiana Housing & Community Development Authority						
Telephone Number: 3172346977	Fax Number: 3172327778					
Email: ekrauser@ihcda.in.gov						

OMB Number: 4040-004 ppiration Date: 10/31/2019

	Expiration Date: 10/31/2019
APPLICATION FOR FEDERAL ASSISTANCE SF-424	Version 02
9. Type of Applicant:	
A State Government	
10. Name of Federal Agency:	
U. S. Department of Energy	
11. Catalog of Federal Domestic Assistance Number:	
81.042	
CFDA Title:	
Weatherization Assistance Program	
12. Funding Opportunity Number:	
DE-WAP-0002021	
Title:	
2021 Weatherization Assistance Program	
13. Competition Identification Number:	
Title:	
nuc.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Statewide	
15. Descriptive Title of Applicant's Project:	
Indiana's Program Year 2021 Weatherization Assistance Program	

OMB Number: 4040-004 Expiration Date: 10/31/2019

A. Applicant Indiana Congressional District Frograms Programs Pro	APPLICATION FOR FEDERAL ASSISTANCE SF-424			Version 02		
Attach an additional list of ProgramsProject Congressional Districts If needed: 17. Proposed Project:	16.Congressional District Of:					
1	a. Applicant: Indiana Congressional District 07	b. Program/Project:	IN-Statewide			
18. Estimated Funding (\$) : a. Federal	Attach an additional list of Program/Project Congressional Districts if needed:					
2. Rederal		b. End Date:	03/31/2022			
b. Applicant	18. Estimated Funding (\$):					
Local 0.00 d. Local 0.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 8.886.940 .00 19. Is Application subject to Review By State Under Executive Order 12372 Process for review	a. Federal 8,886,940.00					
d. Local	b. Applicant 0.00					
e. Other 0.00 f. Program Income 0.00 g. TOTAL 8.886.940.00 19. Is Application subject to Review By State Under Executive Order 12372 Process 7:	c. State 0.00					
f. Program Income g. 10.00 19. 18. Application subject to Review By State Under Executive Order 12372 Process for review 19. 18. Application subject to Review By State Under Executive Order 12372 Process for review 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	d. Local 0.00					
19. Is Application subject to Review By State Under Executive Order 12372 Process for review a. This application was made available to the State under the Executive Order 12372 Process for review b. Program is subject to E. O. 12372 but has not been selected by the State for review. x c. Program is not covered by E. O. 12372 20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation) No 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 the statements and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency Authorized Representatives First Name Emily Middle Name: Last Name Krauser Statements First Name Emily Middle Name: Statements Sta	e. Other 0.00					
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 b. Program is subject to E.O. 12372 but has not been selected by the State for review. X. c. Program is not covered by E.O. 12372 20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation) No 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 X. 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 ** Authorized Representative: Prefix: Ms. First Name: Emily Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signature o	f. Program Income 0.00					
a. This application was made available to the State under the Executive Order 12372 Process for review b. Program is subject to E.O. 12372 but has not been selected by the State for review. \(\text{\text{\$\frac{1}{2}}} \) c. Program is subject to E.O. 12372 but has not been selected by the State for review. \(\text{\text{\$\frac{1}{2}}} \) c. Program is not covered by E.O. 12372 20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation) No 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 the statements are subjected to the certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency Authorized Representative: Prefix: Ms. First Name: Emily Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: error and Authorized Representative: Signed Electronically Signature of Authorized Representative: Signed Electronically	g. TOTAL 8,886,940.00					
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 line list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency **Authorized Representative: Prefix: Ms First Name: Emily Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@incda.in.gov Signed Electronically Signed Electronica	a. This application was made available to the State under the Executive Order b. Program is subject to E.O. 12372 but has not been selected by the State for C. Program is not covered by E.O. 12372	er 12372 Process for review or review.				
statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to		,				
Authorized Representative: Prefix: Ms First Name: Emily Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Date Signed:	statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to					
Prefix: Ms First Name: Emily Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Reproduction		this list, is contained in the	announcement or			
Middle Name: Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Repreduction	Authorized Representative:					
Last Name: Krauser Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Beareduction Standard Form 424 (Revised 10/2005)	Prefix: Ms First Name: Emily					
Suffix: Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Bearreduction Standard Form 424 (Revised 10/2005)	Middle Name:					
Title: Director of Community Programs Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)	Last Name: Krauser					
Telephone Number: 3172346977 Fax Number: 3172327778 Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)	Suffix:					
Email: ekrauser@ihcda.in.gov Signature of Authorized Representative: Signed Electronically Date Signed: Standard Form 424 (Revised 10/2005)	Title: Director of Community Programs					
Signature of Authorized Representative: Signed Electronically Date Signed: Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)	Telephone Number: 3172346977	Fax Number: 317	2327778			
Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)	Email: ekrauser@ihcda.in.gov					
			Date Signed:	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102		