

Torres, Genara

TOL# 12079

From: tj@theodoreclaassen.com
Sent: Monday, January 10, 2011 1:40 PM
To: Van Duyne, Sheree
Cc: Torres, Genara
Subject: Freedom of Information Online Request Form

Information:

First Name: Theodore
Last Name: Claassen
Company: Paradigm Energy Group
Mailing Address 1: 7154 East Stetson Dr.
Mailing Address 2: Suite D300
City: Scottsdale
State: AZ
Zip Code: 85251
Email Address: tj@theodoreclaassen.com
Phone: 602-330-4464
Required copies of the records: Yes

List of specific record(s):

The Clean Air Strategy CAS refers to a 9.8 Million Dollar EPA Grant, a 1.8 Million Dollar NJPTA Grant, and a 7 Million Dollar Federal Grant Collectively, the Grants. Paradigm Energy Group would like the specific records which show 1 how much money is left from each of the Grants and 2 whom has received funding under each of Grants as of January 10, 2011. CAS further references a 2 Million Dollar Emission Reduction Fund the Fund. Paradigm Energy Group would like the specific records which show 1 how much money is left in the Fund and 2 whom has received funding under the Fund as of January 10, 2011. In connection with the Grants and Fund, Paradigm Energy Group would also like the specific applications for each so that it may apply. Thank you so much, Theodore TJ Claassen Vice President of Business Development Paradigm Energy Group

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

June 22, 2011

Mr. Theodore Claassen
Paradigm Energy Group
7154 East Steson Dr., Suite D300
Scottsdale, AZ 85251

Re: Freedom of Information Reference No. 12079

Dear Mr. Claassen:

This is a response to your January 10, 2011 request, which has been processed under the Port Authority's Freedom of Information Policy (the "Policy," copy enclosed) for copies of documents related to EPA's grants the Port Authority received as of January 10, 2011.

Material responsive to your request and available under the Policy, which consists of 15 pages, is enclosed, for a \$3.75 photocopying charge for this material (25¢ per page). Payment should be made in cash, certified check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17th Floor, New York, NY 10003.

Please refer to the above FOI Reference number in any future correspondence relating to your request.

Sincerely,



Daniel D. Duffy
FOI Administrator

Enclosure

225 Park Avenue South
17th Floor
New York, NY 10003
T: 212-435-3642 F: 212-435-7555

Funding Amounts as of January 7, 2011	
Name	
Wilmin Jaime	
Fernando Mata	
Uriel Rusingue-Real	
RP USA LLC	
Bilkays Express Company	
Raul Cladera	
Luis Garcia	
John Posada	
Edgar Posada	
Ronald Seeman	
Pedro Rios	
Bolivar Bedon	
Fred James	
R Grossman Trucking, LLC	
Mark Anthony Vassell	
Byron Hamilton	
E.V. Trucking Corp (Virgilio Mendoza)	
Julio Emestica	
Honorio Sanchez	
Quality Transportation Services	
Fernando Yascaribay	
Luis Eugenio	
Luis Joel Alicea	
Carlos Veliz	
Edgar Sinay	
Walter Franco	
IMF	
Peter Woocheul Ahn	
John Lopez	
Oscar Romano	
Timberland Trucking	
Ceferino Barcelo	
Carlos Duque	
Ruben Colon	
Jose Perez	
Total	

The Regional Truck Replacement Program has spent \$522,428.51 as of January 7, 2011. The remaining amount is \$6,477,571.49.

Application for Federal Assistance SF-424

Version 02

* 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:

Completed by Grants.gov upon submission.

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: Port Authority of New York and New Jersey

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

13-6400654

* c. Organizational DUNS:

001794205

d. Address:

* Street1: 225 Park Avenue South

Street2:

* City: New York

County:

* State: New York

Province:

* Country: USA

* Zip / Postal Code: 10003

e. Organizational Unit:

Department Name:

Office of Environmental Policy, Programs & Compliance

Division Name:

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

Prefix:

* First Name: Rosale

Middle Name:

* Last Name: Siegel

Suffix:

Title: Manager, External Environmental Programs

Organizational Affiliation:

Port Authority of New York & New Jersey

* Telephone Number: 212-435-4405; 212-435-4415; 212-435-5452

Fax Number: 212-435-4455

* Email: rsiegel@panynj.gov; czeppie@panynj.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Other: Authority serving two states: New York and New Jersey

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-R1-NEDC-2008

*** Title:**

Northeast Diesel Collaborative (NEDC) Emissions Reduction Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

New York: Kings and Richmond Counties
New Jersey: Hudson, Essex, and Union Counties

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

Emissions Reduction Loan Program: A Financing Program for the Purchase of Used Trucks Retrofitted with Verified Emission Control Technologies

Attach supporting documents as specified in agency instructions.

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$750,000.00"/>
* b. Applicant	<input type="text" value="\$750,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$500,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$2,000,000.00"/>

* 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.)

Yes 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 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 218, 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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: _____ * Date Signed: _____

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project: Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
<p>9.</p>	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td data-bbox="232 491 565 1030"> <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p> </td> <td data-bbox="565 491 889 1030"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p>	<p>20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p> <p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p>			

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preresubmission		<input checked="" type="checkbox"/> New		_____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____	

* 3. Date Received:	* 4. Applicant Identifier:
Completed by Grants.gov upon submission	_____

* 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:	The Port Authority of New York and New Jersey
------------------	---

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational OUNS:
13-8400654	001794205

d. Address:

* Street1:	225 Park Avenue South
Street2:	_____
* City:	New York
County:	_____
* State:	New York
Province:	_____
* Country:	USA
* Zip / Postal Code:	10003

e. Organizational Unit:

Department Name:	Division Name:
Port Commerce Department	Director's Office

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

Prefix:	_____	* First Name:	Joseph
Middle Name:	_____		
* Last Name:	Monaco		
Suffix:	_____		

Title:	Manager of Environmental Projects
--------	-----------------------------------

Organizational Affiliation:	The Port Authority of New York and New Jersey
-----------------------------	---

* Telephone Number:	212-435-4232	* Fax Number:	212-435-4204
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* Email:	imonaco@panynj.gov
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Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Other: Authority serving two States: New York and New Jersey

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

* 12. Funding Opportunity Number:

EPA-AARA-OAR-OTAO-09-08

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

NY/NJ/LINA: New York Counties: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Suffolk and Westchester; New Jersey Counties: Bergen, Essex, Hudson, Middlesex, Monmouth and Union

* 15. Descriptive Title of Applicant's Project:

Regional Truck Replacement Program: replace approximately 588 drayage trucks manufactured in and prior to 1993, which frequently call at the marine terminals, with trucks manufactured in and after 2004

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text area for Applicant Federal Debt Delinquency Explanation]

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

a. Applicant: NY-008

b. Program/Project: NY-008 etc.

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

SEE ATTACHMENT

17. Proposed Project:

a. Start Date: 5/20/2009

b. End Date: 9/30/2010

18. Estimated Funding (\$):

a. Federal	\$7,000,000.00
b. Applicant	\$21,000,000.00
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$28,000,000.00

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)

- Yes
- No
- Explanation:

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 28, 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: Mr. First Name: Ernesto
Middle Name: L.
Last Name: Butcher
Suffix:
Title: Chief Operating Officer
Telephone Number: (212) 435-7887 Fax Number: (212) 435-4050
Email: ebutcher@panynj.gov
Signature of Authorized Representative:  Date Signed: 4/27/09

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

1. Type of Submission		2. Type of Application		* If Filled, check appropriate letter(s):	
<input type="checkbox"/> Pre-application	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation				Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision				

3. Date Received	4. Applicant Identifier
Completed by (Print name and title)	

5a. Federal Entity Identifier	5b. Federal Award Identifier

State Use Only:

6. Date Received by State	7. State Applicant Identifier

8. APPLICANT INFORMATION:

8a. Legal Name: The Port Authority of New York and New Jersey

8b. Employer/Taxpayer Identification Number (EIN/TIN)	8c. Organizational OUMS
13-8400952	00179425

d. Address:

1. Street1:	225 Park Avenue South
2. Street2:	
3. City:	New York
4. County:	
5. State:	New York
6. Province:	
7. Country:	
8. Zip/Postal Code:	10003

e. Organizational Unit:

Department Name	Division Name
Port Commerce Department	Director's Office

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

Prefix:		First Name:	Sharon
Middle Name:			
Last Name:	Heller		
Suffix:			

Title: Principal Environmental Specialist

Organizational Affiliation: The Port Authority of New York and New Jersey

Telephone Number	212-435-4205	Fax Number	212-435-4399
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8. Email: [Redacted]

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Other, Authority serving two States: New York and New Jersey

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

12. Funding Opportunity Number:

EPA-AARA-OAR-OTAO-09-06

Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

New York City/Brooklyn, New York & Kings Counties, New York

15. Descriptive Title of Applicant's Project:

Brooklyn Cruise Terminal Shore Power Installation

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text area for explanation]

Application for Federal Assistance SF-424

Version: 02

16. Congressional Districts Of:

a. Applicant: NY-009

b. Program/Project: NY-009-001

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

17. Proposed Project:

a. Start Date: 06/01/2009

b. End Date: 09/30/2010

18. Estimated Funding (\$):

a. Federal	\$2,858,200.00
b. Applicant	\$1,441,800.00
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$4,300,000.00

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 this 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.)

- Yes
- 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 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 218, Section 1001)

I AGREE

** The list of certifications and assurances, or an internet file where you may obtain this list, is contained in the announcement of agency specific instructions.

Authorized Representative:

Print: First Name: Ernesto

Middle Name:

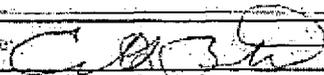
Last Name: Butcher

Suffix:

Title: Chief Operating Officer

Telephone Number: 212-435-7887 Fax Number: 212-435-1050

Email: ebutcher@panynj.gov

Signature of Authorized Representative:  Date Signed: 5/18/09

Authorized for Local Reproduction

