OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for Federal Assistance SF-424											
* 1. Type of Submissi	ion:	* 2. Typ	e of Application:	* If	If Revision, select appropriate letter(s):						
Preapplication New			ew								
Application		-		* O1	Other (Specify):						
l —		Revision									
* 3. Date Received:		4. Appli	cant Identifier:								
				_							
5a. Federal Entity Ide	entifier:			!	5b. Federal Award Identifier:						
State Use Only:				'							
6. Date Received by	State:		7. State Application	Ide	lentifier: Wisconsin						
8. APPLICANT INFO	ORMATION:										
* a. Legal Name: C:	ity of Madison	1									
* b. Employer/Taxpay	er Identification Nur	mber (EIN	J/TIN):	,	* c. UEI:						
39-6005507	<u> </u>		,	I٦	FS3AZ3FV8JG8						
d. Address:											
* Street1:			ing, Jr. Blvd.								
Street2:	Room 403, City-County Building										
* City:	Madison										
County/Parish:	County/Parish: Wisconsin										
* State:	WI: Wisconsin	L									
Province:											
* Country:	USA: UNITED S	TATES									
* Zip / Postal Code:	53703-3340										
e. Organizational U	Init:										
Department Name:				T	Division Name:						
				1 [
f. Name and contac	et information of p	erson to	be contacted on m	atte	ters involving this application:						
		7	* First Nam		Jessica	$\overline{}$					
Middle Name:			T Hot Hain		Jessica						
<u> </u>											
* Last Name: Pri Suffix:	ce										
Title: Sustainabi	lity and Resi	lience	Manager								
Organizational Affiliat	tion:										
* Telephone Number: 6082671992 Fax Number:											
*Email: jprice2@cityofmadison.com											
Ia []Prices@	scrty or maurs off	. COIII									

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
C: City or Township Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66.034
CFDA Title:
Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act
* 12. Funding Opportunity Number:
EPA-CEP-01
* Title:
EPA Mandatory Grant Programs
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
7.00 / Macrimone Police / Macrim
* 15. Descriptive Title of Applicant's Project:
RENEW Wisconsin Clean School Bus Program Outreach
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 WI-002 * b. Program/Project WI-002									
Attach an additional list of Program/Project Congressional Districts if needed.									
		А	add Attachment	Delete Attachment	View Attachment				
17. Proposed Project:									
* a. Start Date: 10	/01/2024			* b. End Date	09/30/2025				
18. Estimated Fund	ding (\$):								
* a. Federal		40,000.00							
* b. Applicant		0.00							
* c. State		0.00							
* d. Local		0.00							
* e. Other		0.00							
* f. Program Income		0.00							
* g. TOTAL		40,000.00							
* 19. Is Application	Subject to Review By State	e Under Executiv	e Order 12372 Pr	ocess?					
	tion was made available to the	he State under th	e Executive Order	12372 Process for rev	iew on				
	subject to E.O. 12372 but ha	s not been select	ted by the State fo	r review.					
c. Program is r	ot covered by E.O. 12372.								
	nt Delinquent On Any Fede	eral Debt? (If "Ye	es," provide expla	nation in attachment.)					
Yes									
If "Yes", provide explanation and attach									
If "Yes", provide ex	_								
If "Yes", provide ex	_	А	add Attachment	Delete Attachment	View Attachment				
21. *By signing the herein are true, comply with any resubject me to crim	eplanation and attach is application, I certify (1) to complete and accurate to the consulting terms if I accept an inal, civil, or administrative	o the statements he best of my k a award. I am awa penalties. (U.S.	s contained in the mowledge. I also are that any false, Code, Title 18, Se	list of certifications** provide the required fictitious, or frauduler ction 1001)	and (2) that the statements assurances** and agree to it statements or claims may				
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21. *By signing the herein are true, comply with any resubject me to crime ** I AGREE ** The list of certific specific instructions. Authorized Representation ** Prefix: Middle Name:	explanation and attach as application, I certify (1) to complete and accurate to the coulting terms if I accept an inal, civil, or administrative ations and assurances, or ar centative:	o the statements he best of my ke award. I am awa e penalties. (U.S.	s contained in the mowledge. I also are that any false, Code, Title 18, Se are you may obtain	list of certifications** provide the required fictitious, or frauduler ction 1001)	and (2) that the statements assurances** and agree to at statements or claims may				
21. *By signing the herein are true, comply with any results of certific specific instructions. Authorized Representation Prefix: Middle Name: * Last Name: Pri Suffix:	explanation and attach as application, I certify (1) to complete and accurate to the coulting terms if I accept an inal, civil, or administrative ations and assurances, or ar centative:	o the statements he best of my k n award. I am awa e penalties. (U.S. n internet site whe	s contained in the mowledge. I also are that any false, Code, Title 18, Se are you may obtain	list of certifications** provide the required fictitious, or frauduler ction 1001)	and (2) that the statements assurances** and agree to at statements or claims may				
21. *By signing the herein are true, comply with any results of certific specific instructions. Authorized Representation Prefix: Middle Name: * Last Name: Pri Suffix:	s application, I certify (1) to implete and accurate to the saulting terms if I accept an inal, civil, or administrative ations and assurances, or an inal centative:	o the statements he best of my k n award. I am awa e penalties. (U.S. n internet site whe	s contained in the mowledge. I also are that any false, Code, Title 18, Se are you may obtain	list of certifications** provide the required fictitious, or frauduler ction 1001)	and (2) that the statements assurances** and agree to at statements or claims may				
21. *By signing the herein are true, or comply with any results and the subject me to crime and the specific instructions. Authorized Representation of the subject instructions. Authorized Representation of the subject instructions. Authorized Representation of the subject instructions. * Last Name: Pri Suffix:	s application, I certify (1) to implete and accurate to the saulting terms if I accept an inal, civil, or administrative ations and assurances, or an inal centative:	o the statements he best of my k n award. I am awa e penalties. (U.S. n internet site whe	s contained in the mowledge. I also are that any false, Code, Title 18, Se are you may obtain	list of certifications** provide the required fictitious, or frauduler ction 1001) this list, is contained in	and (2) that the statements assurances** and agree to at statements or claims may				

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006 Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Domestic Assistance		Estimated Unob	ligated Funds	New or Revised Budget						
Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)				
1. Surveys, Studies,			\$							
Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act		\$	•	\$ 40,000.00	•	\$ 40,000.00				
2.										
3.										
4.										
5. Totals		\$	\$	\$ 40,000.00	\$	\$ 40,000.00				

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories GRANT PROGRAM, FUNCTION OR ACTIVITY Total							
6. Object Class Categories	(1)	(2)	(3) (4)	(5)			
	Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act						
a. Personnel	\$	\$	\$	\$			
b. Fringe Benefits							
c. Travel							
d. Equipment							
e. Supplies							
f. Contractual							
g. Construction							
h. Other	40,000.00			40,000.00			
i. Total Direct Charges (sum of 6a-6h)	40,000.00			\$ 40,000.00			
j. Indirect Charges				\$			
k. TOTALS (sum of 6i and 6j)	\$ 40,000.00	\$	\$	\$ 40,000.00			
7. Program Income	\$	\$	\$ \$	 \$			

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SECTION C - NON-FEDERAL RESOURCES											
(a) Grant Program				(b) Applicant		(c) State		(d) Other Sources		(e)TOTALS	
8.	Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act				\$		\$		\$		
9.											
10.											
11.	11.										
12.	TOTAL (sum of lines 8-11)		\$		\$		\$		\$		
		SECTION	D -	FORECASTED CASH	NE	EDS					
		Total for 1st Year		1st Quarter	١,	2nd Quarter	_ ا	3rd Quarter	l _	4th Quarter	
13.	Federal	\$ 40,000.00	\$	10,000.00	\$	10,000.00	\$	10,000.00	\$_	10,000.00	
14.	Non-Federal	\$									
15. ⁻	TOTAL (sum of lines 13 and 14)	\$ 40,000.00	\$	10,000.00	\$[10,000.00	\$[10,000.00	\$	10,000.00	
	SECTION E - BUD	GET ESTIMATES OF FE	DE	RAL FUNDS NEEDED	FO	R BALANCE OF THE	PR				
(a) Grant Program				FUTURE FUNDI							
			-	(b)First	Η,	(c) Second	_	(d) Third	 _	(e) Fourth	
16. Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act			\$		\$		\$		\$_		
17.											
18.											
19.											
20. TOTAL (sum of lines 16 - 19)					\$		\$		\$		
20. TOTAL (sum of lines 16 - 19)											
21.	21. Direct Charges: 22. Indirect Charges:										
23. I	23. Remarks:										

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