



Name: Isaac Cotton  
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[Program Name:](#) Low Income Home Energy Assistance  
[Grantee Name:](#) DISTRICT OF COLUMBIA  
[Report Name:](#) DETAILED MODEL PLAN (LIHEAP)  
[Report Period:](#) 10/01/2014 - 09/30/2015  
[Report Status:](#) Submission Accepted by CO  
[Section Status:](#) Submitted

Report Progress

<a href="#">Initialized</a>	<a href="#">Edit-Saved</a>	<a href="#">Validated</a>	<a href="#">Certified</a>	<a href="#">Submitted</a>	<a href="#">In Review</a>	<a href="#">C/O Approved</a>
✓	✓	✓	✓	✓	✓	✓

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY	

<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b> Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Federal Entity Identifier: 4b. Federal Award Identifier:	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update State Use Only: 5. Date Received By State: 6. State Application Identifier:
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**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> District Department of Environment			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-536001131	<b>* c. Organizational DUNS:</b> 780986563		
<b>* d. Address:</b>			
<b>* Street 1:</b> 1200 First Street NE, 5th Floor	<b>Street 2:</b>		
<b>* City:</b> WASHINGTON	<b>County:</b>		
<b>* State:</b> DC	<b>Province:</b>		
<b>* Country:</b> United States	<b>* Zip / Postal Code:</b> 20002		
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Energy Administration	<b>Division Name:</b> Energy Efficiency and Affordability		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	<b>* First Name:</b> Isaac	<b>Middle Name:</b>	<b>* Last Name:</b> Cotton
<b>Suffix:</b>	<b>Title:</b> Associate Director	<b>Organizational Affiliation:</b>	
<b>Fax Number:</b>	<b>* Email:</b> isaac.cotton@dc.gov		

<b>* Telephone Number:</b> 2024782423	
<b>* 8a. TYPE OF APPLICANT:</b> D: Special District Government	
<b>b. Additional Description:</b>	
<b>* 9. Name of Federal Agency:</b>	
<b>Catalog of Federal Domestic Assistance Number:</b>	
<b>CFDA Title:</b>	
<b>10. CFDA Numbers and Titles</b>	93568 Low-Income Home Energy Assistance
<b>11. Descriptive Title of Applicant's Project</b> Low Income Home Energy Assistance (LIHEAP) Detailed Model Plan	
<b>12. Areas Affected by Funding:</b> District of Columbia	
<b>13. CONGRESSIONAL DISTRICTS OF:</b>	
<b>* a. Applicant</b> DC	<b>b. Program/Project:</b> District of Columbia
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>14. FUNDING PERIOD:</b>	<b>15. ESTIMATED FUNDING:</b>
<b>a. Start Date:</b> 10/01/2014	<b>b. End Date:</b> 09/30/2015
<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>a. This submission was made available to the State under the Executive Order 12372</b>	
Process for Review on :	
<b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>	
<b>c. Program is not covered by E.O. 12372.</b>	
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>	
<input type="radio"/> YES	
<input checked="" type="radio"/> NO	
Explanation:	
<b>18. 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)</b>	
<b>**I Agree</b> <input checked="" type="checkbox"/>	
<b>** 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.</b>	
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Keith A. Anderson	<b>18c. Telephone (area code, number and extension)</b>
<b>18b. Signature of Authorized Certifying Official</b> 	<b>18d. Email Address</b> keith.anderson@dc.gov
	<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/15/2014
Attach supporting documents as specified in agency instructions. 	

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