



Be Legendary.

# ENERGY EFFICIENCY COMMUNITY BLOCK GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 62569 (10/2024)

**Please complete and submit this form with your proposal and supporting documents. If you need additional spaces, please use separate pages.**

Local Government			Address		
City	State	ZIP Code	Telephone Number	Fax Number	
E-mail Address			Date of Application		SAM Unique Entity ID*
Recipient Type					
County		City	Other (Specify)		
Primary Contact			Title		
Primary Telephone Number			Primary E-mail Address		
Chief Executive Officer		Title	E-mail Address		

\*Applicants **MUST** have valid System for Award Management (SAM) assigned Unique Entity ID (UEI) to be eligible for funding.

## PROJECT TYPE

<p>Building Energy Efficiency Upgrades (May include weatherization, installation of heating and cooling systems/appliances, water efficiency measures, energy management systems such as small thermostats, heat pumps, heat pump water heaters, cooking equipment, and associated wiring and panel upgrades).</p> <p>Street and signal light replacement (Limited to lighting with LED or other technology of equal or greater value. Light poles cannot be covered with this grant).</p> <p>EV Charging Stations in community accessible areas.</p>
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## PROGRAM REQUIREMENTS

There is no potential conflict of interest. If yes, please explain in a separate document and attach to application.	Yes	No
Applicant is not currently in violation or dealing with a case regarding violations of Federal criminal law involving fraud, bribery, or gratuity.	Yes	No
Applicant will ensure Davis - Bacon Wage Rate and Administrative Requirement are met and will ensure compliancy by our selected contractor.	Yes	No
Applicant will also provide ND Commerce with the required information on our selected contractor (State Form 62570) prior to any work physical starting.	Yes	No

**PROJECT NAME / FACILITY TYPE**

Project Name/Facility Type		
Street Address of Proposed Work		
City	State	ZIP Code
Proposed Start Date	Project Duration	
Total Project Budget (Note: A minimum 20% Match is Required)	Amount Requested	
<p>Describe the project budget and include any other sources of funding for the project. List all expenses and associated costs. <b>**NOTE:</b> Purchase of service or goods over <b>\$10,000</b> require three bids. If the applicant is unable to obtain three bids an explanation letter must be submitted to the program manager explaining what actions were taken to obtain the three required bids.</p>		

**BUILDING PROJECTS ONLY**

<p>Describe your project in detail. If your project includes energy saving retrofits to a building or street or signal lighting project, specify what is to be modified, the changes to be made and provide pictures of the area to be updated.</p>
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Is the building you are retrofitting/improving on the National Historic Register? Yes            No
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Building Area in square feet impacted:
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\*\*If your building is more than 49 years old or is on the National Historic Register, please submit a completed Section 106 Clearance Form signed by the North Dakota Historical Preservation Office with your application. This form is available at:  
<https://www.communityservices.nd.gov/uploads/7/SFN52654Section106ClearanceSavable.pdf>

Describe the results you expect from your project and include how you will measure project success. If your project involves installing or performing energy efficiency retrofits, please complete and attach our Energy Analysis Form that can be found at <a href="https://www.communityservices.nd.gov/uploads/30/sfn59261energysavinganalysis.savable.pdf">https://www.communityservices.nd.gov/uploads/30/sfn59261energysavinganalysis.savable.pdf</a> .
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I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in this application is true and correct. I also certify that the applicant shall maintain accounting records in accordance with federal financial requirements contained in 2 CFR Part 200 and that funds awarded be included in audits and financial statements. I certify that the applicant will comply with all local, state and federal laws and regulations, including but not limited to, the State Health Department's requirements for solid waste management and EPA's Renovation, Repair and Painting Rule. I also certify that the applicant is in good financial standing and has no delinquencies on existing Federal or North Dakota State Government grants or loans.

Signature of Chief Executive Officer	Title	Date
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<b>For Commerce Use Only</b>			
Approved	Amount of Grant	Date	Authorized Signature
Is the Applicant disbarred or suspended?	Yes	No	

**Submit a completed application and supporting documents to:**

**E-mail:**  
[kciverson@nd.gov](mailto:kciverson@nd.gov)

**Mail:**  
North Dakota Department of Commerce  
Department of Community Services  
PO Box 2057  
Bismarck, ND 58502-2057

**If you have questions, please contact:**

Kevin Iverson  
ND Department of Commerce  
Department of Community Services  
Email: [kciverson@nd.gov](mailto:kciverson@nd.gov)  
Phone: 701-328-5385