

2017

Sinatra Living: Application for Federal Assistance SF-424

University of Nevada, Las Vegas. Solar Decathlon Team.

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Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	* 4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Board of Regents, NSHE, obo University of Nevada Las Vegas"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="88-6000024A3"/>	* c. Organizational DUNS: <input type="text" value="0983773360000"/>	
d. Address:		
* Street1: <input type="text" value="4505 S. Maryland Parkway"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Las Vegas"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="NV: Nevada"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="89154-1055"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Civil Engineering"/>	Division Name: <input type="text" value="College of Engineering"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Dave"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="James"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Associate Professor"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="702-895-5804"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="dave.james@unlv.edu"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001398

* Title:

2017 Solar Decathlon Team Competition

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

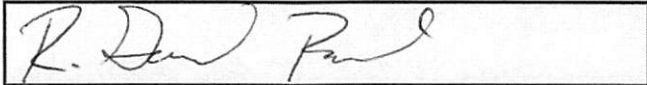
Team Las Vegas

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: <input type="text" value="NV-001"/>	* b. Program/Project: <input type="text" value="NV-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2016"/>	* b. End Date: <input type="text" value="12/31/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="0.00"/>
* b. Applicant	<input type="text" value="1,019,999.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,019,999.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
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)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="R. David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Paul"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director, Sponsored Programs"/>	
* Telephone Number: <input type="text" value="702-895-1357"/>	Fax Number: <input type="text" value="702-895-4379"/>
* Email: <input type="text" value="osp@unlv.edu"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="10/27/2015"/>