OMB Number: 4040-0004
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] 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: Hawaii Department of Agriculture

* b. Employer/Taxpayer Identification Number (EIN/TIN): 99-0274814

* c. Organizational DUNS: 8099352570000

d. Address:

* Street1: 1428 S. King Street
Street2:
* City: Honolulu
County/Parish:
* State: Hawaii
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 96814-2512

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Jose
Middle Name:
* Last Name: Balignasay
Suffix:

Title: Program Compliance Officer

Organizational Affiliation:

* Telephone Number: (808) 973-9413
Fax Number: (808) 973-9418

* Email: Jose.T.Balignasay@hawaii.gov

Application for Federal Assistance SF-424

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

A: State 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:

66.605

CFDA Title:

Performance Partnership Grant

*** 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

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

FY2019 EPA/Hawaii Pesticide Consolidated Performance Partnership Grant

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: 01
* b. Program/Project: State

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/1/2018
* b. End Date: 9/30/2019

18. Estimated Funding ($):

* a. Federal	332,325
* b. Applicant	60,348.75
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	392,673.75

*** 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.
- [x] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | 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)**

- [x] ** 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:	Scott
Middle Name:	E.
* Last Name:	Enright
Suffix:	
* Title:	Chairperson, Board of Agriculture
* Telephone Number:	(808) 973-9550
Fax Number:	(808) 973-9613
* Email:	Scott.E.Enright@hawaii.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.