GRANTS.GOV™

Grant Application Package

Opportunity Title:	Recovery Act (ARRA) - Industrial EnergyEfficiency
Offering Agency:	National Energy Technology Laboratory
CFDA Number:	81.087
CFDA Description:	Renewable Energy Research and Development
Opportunity Number:	DE-FOA-0000044
Competition ID:	
Opportunity Open Date:	06/01/2009
Opportunity Close Date:	07/14/2009
Agency Contact:	Michael DeStefano Contract Specialist

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

☐ **I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.**

*** Application Filing Name:** Rhode Island LFG Genco, LLC

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

- SF424 (R & R)
- RR FedNonFed Budget
- Project/Performance Site Location(s)
- Research And Related Other Project Information
- Research And Related Senior/Key Person Profile

Optional Documents

- Research & Related Subaward Budget (Total Fed +

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

- Disclosure of Lobbying Activities (SF-LLL)

Instructions

1 **Enter a name for the application in the Application Filing Name field.**

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0001
Expiration Date: 06/30/2011

Tab 24

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED 07/14/2009

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 831120659

* Legal Name: Rhode Island LFG Genco, LLC

Department: Division:

* Street1: 947 Linwood Avenue

Street2:

* City: Ridgewood County / Parish: Bergen

* State: NJ: New Jersey Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 07450-2939

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Stephen Middle Name: D.

* Last Name: Galowitz Suffix:

* Phone Number: 201-447-9000 Fax Number: 201-447-0474

Email: sgalowitz@ridgewood.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 020704599

7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business)

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.087
TITLE: Renewable Energy Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Area 3 (Combined Cycle Electricity Generation Plant Fueled by Landfill Gas)

12. PROPOSED PROJECT:
* Start Date: 01/01/2009 * Ending Date: 12/31/2011

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** 5th

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. * First Name: Stephen Middle Name: D.

* Last Name: Galowitz Suffix:

Position/Title: Managing Director

* Organization Name: Rhode Island LFG Genco, LLC

Department: Division:

* Street1: 947 Linwood Avenue

Street2:

* City: Ridgewood County / Parish: Bergen

* State: NJ: New Jersey Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 07450-2929

* Phone Number: 201-447-9000 Fax Number: 201-447-0474

* Email: sgalowitz@ridgewood.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	15,000,000.00
b. Total Non-Federal Funds	85,081,146.00
c. Total Federal & Non-Federal Funds	100,081,146.00
d. Estimated Program Income	0.00

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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 penalities. (U.S. Code, Title 18, Section 1001)

☒ * 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. * First Name: Neil Middle Name:

* Last Name: Solomon Suffix:

* Position/Title: Project Manager

* Organization: Rhode Island LFG Genco, LLC

Department: Division:

* Street1: 3326 Caminito Gandara

Street2:

* City: LaJolla County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92037-2905

* Phone Number: 858-205-2898 Fax Number:

* Email: nsolomon@ridgewoodpower.com

*** Signature of Authorized Representative**

Stephen Galowitz

*** Date Signed**

07/14/2009

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION A, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** [X] Project [ ] Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 *** Budget Period:** 1

A. Senior/Key Person

1. Prefix: Mr. | * First Name: Stephen | Middle Name: D. | * Last Name: Galowitz | Suffix:

* Project Role: PD/PI

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)
				0.00	0.00	0.00	0.00	0.00

2. Prefix: Mr. | * First Name: Randall | Middle Name: D. | * Last Name: Holmes | Suffix:

* Project Role: President & CEO of Ridgewood Renewable Power, Project Development Sponsor

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)
				0.00	0.00	0.00	0.00	0.00

3. Prefix: Mr. | * First Name: Douglas | Middle Name: R. | * Last Name: Wilson | Suffix:

* Project Role: Managing Director of Ridgewood Renewable Power, Project Development Sponsor

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)
				0.00	0.00	0.00	0.00	0.00

4. Prefix: Mr. | * First Name: Neil | Middle Name: | * Last Name: Solomon | Suffix:

* Project Role: Project Manager

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)
90,000.00	12.00			90,000.00	0.00	90,000.00	0.00	90,000.00

Tab 24

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION A, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** [X] Project [ ] Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 **Budget Period** 1

A. Senior/Key Person (continued)

5. Prefix | * First Name | Middle Name | * Last Name | Suffix

* Project Role

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)

6. Prefix | * First Name | Middle Name | * Last Name | Suffix

* Project Role

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)

7. Prefix | * First Name | Middle Name | * Last Name | Suffix

* Project Role

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)

8. Prefix | * First Name | Middle Name | * Last Name | Suffix

* Project Role

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non- Federal ($)

9. Total Funds requested for all Senior Key Persons in the attached file			
Total Senior/Key Person	90,000.00	0.00	90,000.00

*** Additional Senior Key Persons:** Add Attachment | Delete Attachment | View Attachment

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION B, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** [X] Project [ ] Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 **Budget Period** 1

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed) ($)	* Federal ($)	* Non- Federal ($)
	Post Doctoral Associates								
	Graduate Students								
	Undergraduate Students								
	Secretarial/Clerical								

Total Number Other Personnel

Total Other Personnel			
Total Salary, Wages and Fringe Benefits (A + B)	90,000.00	0.00	90,000.00

Tab 24

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION C, D, & E, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** [X] Project [ ] Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 **Budget Period** 1

C. Equipment Description

List items and dollar amount for each item exceeding $5,000

	* Equipment item	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.	CTG-Solar turbines	0.00	0.00	0.00
2.	Fuel Gas Compressor-Vilter	0.00	0.00	0.00
3.	HRSG-Rentech	0.00	0.00	0.00
4.	STG-Dresser-Rand	0.00	0.00	0.00
5.	LO-CAT H2S Removal-Merichen	0.00	0.00	0.00
6.	Step-Up Transformer	0.00	0.00	0.00
7.	CTG Associated Equipment	0.00	0.00	0.00
8.	Combined Cycle Blance of Plant	0.00	0.00	0.00
9.	Electrical Equipment	0.00	0.00	0.00
10.	Bulks and Construction	0.00	0.00	0.00
11.	**Total funds requested for all equipment listed in the attached file**			
	Total Equipment	0.00	0.00	0.00

*** Additional Equipment:** Add Attachment | Delete Attachment | View Attachment

D. Travel

		* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	0.00	0.00	0.00
2.	Foreign Travel Costs	0.00	0.00	0.00
	Total Travel Costs	0.00	0.00	0.00

E. Participant/Trainee Support Costs

		* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.	Tuition/Fees/Health Insurance			
2.	Stipends			
3.	Travel			
4.	Subsistence			
5.	Other			
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**			

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION F-G, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** [X] Project [ ] Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 **Budget Period** 1

F. Other Direct Costs

		* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.	Materials and Supplies			
2.	Publication Costs			
3.	Consultant Services			
4.	ADP/Computer Services			
5.	Subawards/Consortium/Contractual Costs	0.00	5,818,195.00	5,818,195.00
6.	Equipment or Facility Rental/User Fees			
7.	Alterations and Renovations			
8.				
9.				
10.				
	Total Other Direct Costs	0.00	5,818,195.00	5,818,195.00

G. Direct Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
Total Direct Costs (A thru F)	0.00	5,908,195.00	5,908,195.00

Tab 24

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION H-K, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 8311206590000

*** Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization: Rhode Island LFG Genco, LLC

*** Start Date:** 01/01/2009 *** End Date:** 12/31/2009 **Budget Period** 1

H. Indirect Costs

	* Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.	Indirect Costs			0.00	865,229.00	865,229.00
2.						
3.						
4.						
			Total Indirect Costs	0.00	865,229.00	865,229.00

Cognizant Agency (Agency Name, POC Name, and Phone Number)

I. Total Direct and Indirect Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
Total Direct and Indirect Costs (G + H)	0.00	6,773,424.00	6,773,424.00

J. Fee

Federal ($)

K. * Budget Justification Johnston - Budget Justification.pdf [Add Attachment] [Delete Attachment] [View Attachment] (Only attach one file.)

Tab 24

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - Cumulative Budget

	Total Federal ($)	Total Non-Federal ($)	Totals ($)
Section A, Senior/Key Person	0.00	270,000.00	270,000.00
Section B, Other Personnel			
Total Number Other Personnel			
Total Salary, Wages and Fringe Benefits (A + B)	0.00	270,000.00	270,000.00
Section C, Equipment	15,000,000.00	39,160,711.00	54,160,711.00
Section D, Travel	0.00	0.00	0.00
1. Domestic	0.00	0.00	0.00
2. Foreign	0.00	0.00	0.00
Section E, Participant/Trainee Support Costs			
1. Tuition/Fees/Health Insurance			
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			
6. Number of Participants/Trainees			
Section F, Other Direct Costs	0.00	26,008,896.00	26,008,896.00
1. Materials and Supplies			
2. Publication Costs			
3. Consultant Services			
4. ADP/Computer Services			
5. Subawards/Consortium/Contractual Costs	0.00	26,008,896.00	26,008,896.00
6. Equipment or Facility Rental/User Fees			
7. Alterations and Renovations			
8. Other 1			
9. Other 2			
10. Other 3			
Section G, Direct Costs (A thru F)	15,000,000.00	65,439,607.00	80,439,607.00
Section H, Indirect Costs	0.00	19,641,539.00	19,641,539.00
Section I, Total Direct and Indirect Costs (G + H)	15,000,000.00	85,081,146.00	100,081,146.00
Section J, Fee			

Tab 24

Project/Performance Site Location(s)

Project/Performance Site Primary Location ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Rhode Island LFG Genco, LLC

DUNS Number: 8311206590000

* Street1: 65 Shun Pike

Street2:

* City: Providence County:

* State: RI: Rhode Island

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 02919-4512 * Project/ Performance Site Congressional District: RI-002

Project/Performance Site Location 1 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

OMB Number: 4040-0001
Expiration Date: 06/30/2011

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: Mr. * First Name: Stephen Middle Name: D.
* Last Name: Galowitz Suffix:
Position/Title: Managing Director Department:
Organization Name: Rhode Island LFG Genco, LLC Division:
* Street1: 947 Linwood Avenue
Street2:
* City: Ridgewood County/ Parish: Bergen
* State: NJ: New Jersey Province:
* Country: USA: UNITED STATES * Zip / Postal Code: 07450-2929
* Phone Number: 201-447-9000 Fax Number: 201-447-0474
* E-Mail: sgalowitz@ridgewood.com

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

Degree Type:
Degree Year:

***Attach Biographical Sketch** Galowitz-Bio.pdf Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

PROFILE - Senior/Key Person 1

Prefix: Mr. * First Name: Randall Middle Name: D.
* Last Name: Holmes Suffix:
Position/Title: President & CEO Department:
Organization Name: Ridgewood Renewable Power, Project Development Sponsor Division:
* Street1: 947 Linwood Avenue
Street2:
* City: Ridgewood County/ Parish: Bergen
* State: NJ: New Jersey Province:
* Country: USA: UNITED STATES * Zip / Postal Code: 07450-2929
* Phone Number: 201-447-9000 Fax Number:
* E-Mail: rholmes@ridgewoodpower.com

Credential, e.g., agency login:

*** Project Role:** Other Professional **Other Project Role Category:** Development

Degree Type:
Degree Year:

***Attach Biographical Sketch** Holmes-Bio.pdf Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Delete Entry Next Person

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 2

Prefix: Mr. * First Name: Douglas Middle Name: R.
* Last Name: Wilson Suffix:
Position/Title: Managing Director Department:
Organization Name: Ridgewood Renewable Power, Project Development Sponsor Division:
* Street1: 947 Linwood Avenue
Street2:
* City: Ridgewood County/ Parish: Bergen
* State: NJ: New Jersey Province:
* Country: USA: UNITED STATES * Zip / Postal Code: 07450-2929
* Phone Number: 201-447-9000 Fax Number:
* E-Mail: dwilson@ridgewoodpower.com

Credential, e.g., agency login:

*** Project Role:** Other Professional **Other Project Role Category:** Development

Degree Type:
Degree Year:

***Attach Biographical Sketch** Wilson-Bio.pdf Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Delete Entry Next Person

PROFILE - Senior/Key Person 3

Prefix: Mr. * First Name: Neil Middle Name:
* Last Name: Solomon Suffix:
Position/Title: Project Manager Department:
Organization Name: Ridgewood Renewable Power, Project Development Sponsor Division:
* Street1: 3326 Caminito Gandara
Street2:
* City: La Jolla County/ Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * Zip / Postal Code: 92037-2905
* Phone Number: 858-205-2898 Fax Number:
* E-Mail: nsolomon@ridgewoodpower.com

Credential, e.g., agency login:

*** Project Role:** Other (Specify) **Other Project Role Category:** Project Manager

Degree Type:
Degree Year:

***Attach Biographical Sketch** Solomon-Bio.pdf Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Delete Entry Next Person

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☒ No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? ☐ Yes ☒ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? ☐ Yes ☒ No

4.a. * Does this project have an actual or potential impact on the environment? ☒ Yes ☐ No

4.b. If yes, please explain: Beneficial reduction in greenhouse gases

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☐ Yes ☐ No

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place? ☐ Yes ☒ No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? ☐ Yes ☒ No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract Johnston-Project Summary-Abstract.pdf Add Attachment Delete Attachment View Attachment

8. * Project Narrative Johnston-Project Narrative.pdf Add Attachment Delete Attachment View Attachment

9. Bibliography & References Cited Add Attachment Delete Attachment View Attachment

10. Facilities & Other Resources Add Attachment Delete Attachment View Attachment

11. Equipment Add Attachment Delete Attachment View Attachment

12. Other Attachments Add Attachments Delete Attachments View Attachments ☒

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action:
- [ ] a. contract
- [X] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [X] b. initial award
- [ ] c. post-award

3. * Report Type:
- [X] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[X] Prime [ ] SubAwardee

*Name: Rhode Island LFG Genco, LLC

*Street 1: 947 Linwood Aenue Street 2:

*City: Ridgweood State: NJ: New Jersey Zip: 07450-2929

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
National Energy Technology Laboratory

7. * Federal Program Name/Description:
Renewable Energy Research and Development

CFDA Number, *if applicable:* 81.087

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix: *First Name: Joseph Middle Name:

*Last Name: Mikrut Suffix:

*Street 1: 101 Constitution Avenue NW Street 2: Suite 675 East

*City: Washington State: DC: District of Columbia Zip: 20001

b. Individual Performing Services (including address if different from No. 10a)

Prefix: *First Name: Joseph Middle Name:

*Last Name: Mikrut Suffix:

*Street 1: Street 2:

*City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Stephen Galowitz

***Name:** Prefix: Mr. *First Name: Stephen Middle Name: D.

*Last Name: Galowitz Suffix:

Title: Managing Director **Telephone No.:** 201-447-9000 **Date:** 07/14/2009

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