

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="text"/> <input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
<input type="text"/>		FDOT <input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Florida Department of Transportation <input type="text"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
59-302-4028 <input type="text"/>			8093971020000 <input type="text"/>		
* d. Address:					
* Street1:	719 South Woodland Boulevard <input type="text"/>				
Street2:	<input type="text"/>				
* City:	Deland <input type="text"/>				
County/Parish:	Volusia County <input type="text"/>				
* State:	FL: Florida <input type="text"/>				
Province:	<input type="text"/>				
* Country:	USA: UNITED STATES <input type="text"/>				
* Zip / Postal Code:	32720-6834 <input type="text"/>				
* e. Organizational Unit:					
Department Name:			Division Name:		
Florida DOT <input type="text"/>			District Five <input type="text"/>		
* f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<input type="text"/>	* First Name:	Jeremy <input type="text"/>		
Middle Name:	<input type="text"/>				
* Last Name:	Upchurch <input type="text"/>				
Suffix:	<input type="text"/>				
Title:	District Freight Coordinator <input type="text"/>				
Organizational Affiliation:					
Florida Department of Transportation <input type="text"/>					
* Telephone Number:	386-943-5026 <input type="text"/>	Fax Number:	<input type="text"/>		
* Email:	Jeremy.Upchurch@dot.state.fl.us <input type="text"/>				

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*** 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:**

US Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

CFDA 20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-19-RA-BUILD

* Title:

FY 2019 National Infrastructure Investments

13. Competition Identification Number:

BUILD1-FY19

Title:

FY19 BUILD GRANT

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

Osceola County, Florida.docx

Add Attachment

Delete Attachment

View Attachment

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

FDOT - SR 60 Passing Lanes

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,755,743.50"/>
* b. Applicant	<input type="text" value="7,755,743.50"/>
* 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="15,511,487.00"/>

*** 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.

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 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)**

** 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: