

Application for Federal Assistance SF-424

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| * 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"/> |
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|--|---|
| * 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission. | 4. Applicant Identifier: <input type="text"/> Pasco County |
|--|---|

| | |
|--|---|
| 5a. Federal Entity Identifier: <input type="text"/> | 5b. Federal Award Identifier: <input type="text"/> CFDA 20.934 |
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State Use Only:

| | |
|---|---|
| 6. Date Received by State: <input type="text"/> | 7. State Application Identifier: <input type="text"/> |
|---|---|

8. APPLICANT INFORMATION:

* a. Legal Name: Pasco, County of

| | |
|---|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 596000793 | * c. Organizational DUNS: <input type="text"/> 0696779530000 |
|---|---|

d. Address:

* Street1: West Pasco Government Center
Street2: 8731 Citizens Drive, Suite 321
* City: New Port Richey
County/Parish: Pasco County
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 34654-5598

e. Organizational Unit:

| | |
|---|---|
| Department Name: <input type="text"/> Engineering Services | Division Name: <input type="text"/> Engineering Services Admin |
|---|---|

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

Prefix: Ms. * First Name: Deborah
Middle Name:
* Last Name: Bolduc
Suffix:

Title: Program Administrator-Engineering Services

Organizational Affiliation:

* Telephone Number: 727-847-8140, ext. 8756 Fax Number:

* Email: dbolduc@pascocountyfl.net

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.934

CFDA Title:

Nationally Significant Freight and Highway Projects

*** 12. Funding Opportunity Number:**

NSFHP-17-18-INFRA

* Title:

INFRA Grants

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:**

Pasco County, Florida - I-75 and Overpass Road Interchange Design/Build Project

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="25,000,000.00"/> |
| * b. Applicant | <input type="text" value="37,100,000.00"/> |
| * 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="62,100,000.00"/> |

*** 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: