

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields 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. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number: NSFHP-20-INFRA20

Opportunity Title: INFRA Grants

Opportunity Package ID: PKG00257688

CFDA Number: 20.934

CFDA Description: Nationally Significant Freight and Highway Projects

Competition ID:

Competition Title:

Opening Date: 01/13/2020

Closing Date: 02/25/2020

Agency: 69A350 Office of the Under Secretary for Policy

Contact Information: Paul Baumer
Grantor
E-mail: paul.baumer@dot.gov
Phone: 202-366-1092**APPLICANT & WORKSPACE DETAILS:**

Workspace ID: WS00426214

Application Filing Name: NHDOT 2020 INFRA GRANT

DUNS: 8085916970000

Organization: TRANSPORTATION, NEW HAMPSHIRE DEPARTMENT OF

Form Name: Application for Federal Assistance (SF-424)

Form Version: 2.1

Requirement: Mandatory

Download Date/Time: Feb 25, 2020 12:57:59 PM EST

Form State: No Errors

FORM ACTIONS:

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: Completed by Grants.gov upon submission.	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: New Hampshire Department of Transportation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-60000618	* c. Organizational DUNS: 8085916970000	
d. Address:		
* Street1: 7 Hazen Drive	<input type="text"/>	
Street2: PO Box 483	<input type="text"/>	
* City: Concord	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: NH: New Hampshire	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 03302-0483	<input type="text"/>	
e. Organizational Unit:		
Department Name: Department of Transportation	Division Name: Highway Design	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Donald	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Lyford	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Project Manager	<input type="text"/>	
Organizational Affiliation: New Hampshire Department of Transportation		
* Telephone Number: 603-271-2165	Fax Number: 603-271-7025	
* Email: donald.lyford@dot.nh.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:**

69A350 Office of the Under Secretary for Policy

11. Catalog of Federal Domestic Assistance Number:

20.934

CFDA Title:

Nationally Significant Freight and Highway Projects

*** 12. Funding Opportunity Number:**

NSFHP-20-INFRA20

*** 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:**

Bow-Concord NH Interstate 93 improvements

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="61,300,000.00"/>
* b. Applicant	<input type="text" value="68,160,000.00"/>
* c. State	<input type="text" value="25,182,000.00"/>
* 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="154,642,000.00"/>

*** 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

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: