## Rural and Tribal Assistance Pilot Program Review copy of Online Application questions

\*All fields must be complete.

	Name and contact information of person for matters involving this application:  First and last name*:				
Title*:					
Phone*:		Email*:			
_	Entity name, address, and website:				
Organiza	Organization/Entity Name*:				
Address	Address (#, street- no post office box numbers)*:				
City*:	City*:				
State*:		Zip Code*:			
Website	address, if applicable:				
Emplo	yer/Taxpayer ide	ntification Number (EIN/TIN)*:			
Organ	ization/entity Uni	que Entity Identifier (UEI) assigned by SAM.gov*:			
Entity	Organization hea	dquarters is in this congressional district(s)*:			
	Olganization 1.55	aqualtolo lo ili tillo ooligi oociolia. alottiot(o, i			
Progr	am/project is in t	nis congressional district(s)*:			

6.	Below is a list of eligible entities for this program. Please select the one option that describes your eligibility*: (See Section C.1: Eligible Applicants of the Notice)
	A unit of local government or political subdivision seeking to advance a project that is located outside of an urbanized area with a population of more than 150,000 residents ( <i>Urbanized area listing should be drawn from the 2020 Census results. For 2020 Census results, visit:</i> <a href="https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html">https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html</a> )
	A State seeking to advance a project located outside of an urbanized area with a population of more than 150,000 residents
	A federally recognized Indian Tribe
	The Department of Hawaiian Home Lands
<b>7</b> .	Project title*: (Descriptive title of project for which you seek funding)
3.	Project location (no more than 100 words)*: Include city and state if providing street name(s). Latitude/longitude is also acceptable.  (See Section C.1.i Eligible Applicants of the Notice. Note: For Indian Tribes and the Department of Hawaiian Home Lands, the project location does not have to meet the non-urban area requirement.)
Э.	Briefly describe the overall project (no more than 500 words)*: Include project type (i.e., bridge, new roadway, transit service), features to be constructed, project schedule, and estimated total project cost. Describe the anticipated project benefits, such as increasing affordable transportation options, improving safety, connecting Americans to good-paying jobs, fighting climate change, or improving access to resources and quality of life. State which funding program(s) you expect your project would qualify for. (See Section C.3: Eligible Projects of the Notice)
	Estimated total project cost*:

lf yes, e	No explain:
Appr	opriateness of services requested*: (See the table in Section A of the Notice for
exampl	les of advisory services anticipated, and Section E.2.a: Criterion(1) of the Notice)  Please describe the task(s)/advisory services for which you are seekin program funds and how these services will materially advance your ow project. (no more than 400 words)*
b.	Requested funds from this program*:
C.	Estimated cost of task proposed*:
d.	Describe what project-related development activities are completed - it List N/A if none. Also, list any data or information that has been collect or activities conducted that are necessary to complete the task(s)/advis services. (no more than 250 words) *

Signature (e-signature is sufficient)\*

12.		lity of grant services requested (See Section E.2.b: Criterion (2) of the Notice) Please describe the following: Either 1) your organization's experience procuring advisory services or 2) your organization's process for timely hiring of staff (i.e. defined job description, recruitment process). State if you have additional funds available to commit to this effort should grant funding provided prove insufficient to complete the proposed task(s). If additional funds will be provided, include the amount and source of the local funding commitment. (no more than 400 words)*
•	b.	Applicants are encouraged to seek bids or quotes, or estimate the amount of dedicated staff time for the services being requested to demonstrate the reasonableness of the requested funding in this application. Have you obtained a bid, quote, or estimate for the services requested in this application?*
		☐ Yes (to be submitted later if awarded grant)
		□ No (provide statement of how you determined estimated cost of proposed task)
	know result fraud	By checking this box and submitting this application, I certify that the ments contained herein are true, complete, and accurate to the best of my ledge. I also provide the required assurances and agree to comply with any ting terms if I accept an award. I am aware that any false, fictitious, or ulent statements or claims may subject me to criminal, civil, or nistrative penalties. (U.S. Code, Title 18, Section 1001)*

Date\*