



US Department of Transportation



Completing the SF-424 and Project Information Form

January 8, 2024



Webinar Information

All participants automatically join on mute, with cameras off

Audio

- Select “Computer Audio” or
- Call: 669 254 5252
 - Webinar ID: 161 460 0994
 - Passcode: 417713

Technical Support

- Email:
 - corey.martin.ctr@dot.gov
 - webconference@dot.gov

Closed Captioning

- Available during the webinar

Questions for Presenters

- Please type your questions in the Q&A box

ASL Interpreter

- Available during the webinar

More Information

- This webinar is being recorded and will be posted on the RAISE Grants website:
<https://www.transportation.gov/RAISEgrants>



Agenda

- **SF-424**
 - Why do applicants need to complete it?
 - Where do you find it?
 - How do you fill it out?
- **FY 2024 RAISE Project Information Form**
 - Why do applicants need to complete it?
 - Where do you find it?
 - How do you fill it out?
- **Q&A**



RAISE Team Introductions



Andrea Jacobson



Linsey Callaghan



Kim Bathrick



Logan Dredske



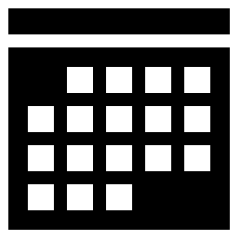
Jennifer Berkich



Danny Kozub



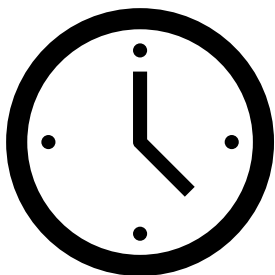
RAISE NOFO Is Now Open!



Notice of Funding Opportunity is **OPEN**

Grants.gov Opportunity Number: [DTOS59-24-RA-RAISE](#)

Assistance Listing: 20.933



APPLY by **February 28, 2024**, at 11:59 pm Eastern

[Submit on grants.gov](#)

No late applications accepted



Additional resources at www.transportation.gov/raisegrants

[Subscribe](#) for email updates!



RAISE 2024 Webinars

Webinars:

- 1) **How To Compete for RAISE Grants** (December 19, 2023)
 - 2) **RAISE Location Designations** (January 4, 2024)
 - 3) **Completing the SF 424 and Project Information Form** (Today)
-

4

How to Draft Merit Criteria Narrative
January 18, 2024

5

How to Compete for RAISE Grants: Rural and Tribal Applicants
January 23, 2024

6

What Happens After Being Selected for Award?
February 1, 2024

<https://www.transportation.gov/RAISEgrants/outreach>



SF-424



SF 424 – Application for Federal Assistance

- **Standard Form 424 is required to be submitted with Applications for Federal Assistance**
 - Uniform way to collect information on the applicant organization and the proposed project
- **Several Versions of the SF-424**
 - Required version of the [SF-424](#) is in the RAISE “Package” on [Grants.gov](#)
 - Do not submit other versions
- **Required fields vary by Agency**
 - [Instructions and required fields](#) in the “Related Documents” section on [Grants.gov](#)



SF-424 Required Fields

Select
"Application"

Select
"New"

Enter the
SAM.gov
organization
registration
name

This is the
Internal
Revenue Service
employer
identification
number

This is the
organization's
Unique Entity
Identifier
assigned by
SAM.gov

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. UEI:



SF-424 Required Fields

d. Address:

* Street1:	
Street2:	
* City:	
County/Parish:	
* State:	
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	

Enter the
applicant
organization's
address

Enter the name
and contact
information for
the person you
want DOT to
contact regarding
the application

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

Prefix:		* First Name:	
Middle Name:			
* Last Name:			
Suffix:			
Title:			
Organizational Affiliation:			
* Telephone Number:		Fax Number:	
* Email:			



SF-424 Required Fields

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

- A. State Government
- B. County Government
- C. City or Township Government
- D. Special District Government
- E. Regional Organization
- F. U.S. Territory or Possession
- G. Independent School District
- H. Public/State Controlled Institution of Higher Education
- I. Indian/Native American Tribal Government (Federally Recognized)
- J. Indian/Native American Tribal Government (Other than Federally Recognized)
- K. Indian/Native American Tribally Designated Organization
- L. Public/Indian Housing Authority

Select the
Applicant Type
that reflects
your
organization

These are all
eligible
applicant types
under the RAISE
program



SF-424 Required Fields

Enter
DTOS59-24-RA-RAISE

* 12. Funding Opportunity Number:

* Title:

Enter
FY 2024 National
Infrastructure
Investments



SF-424 Required Fields

* 15. Descriptive Title of Applicant's Project:

RUSSELLVILLE CONNECTED TRAIL SYSTEM

BUILDING BRIDGES TO TRANSIT PROJECT

MANVILLE GRADE CROSSING FEASIBILITY STUDY

GENERAL SULLIVAN BRIDGE BICYCLE AND PEDESTRIAN CROSSING

NORTH PHILADELPHIA SCHOOL ZONES TRAFFIC SAFETY PROJECT

FIVE MILE CREEK TRAIL

KAKE ACCESS ROAD IMPROVEMENTS

DOUBLE TRACKING FOR COMMUTER RAIL OPTIMIZATION

PORT ORCHARD BREAKWATER REPLACEMENT

JUNEAU DOUGLAS NORTH CROSSING PROJECT



SF-424 Required Fields

Enter the US Congressional District for the Applicant and the Project
Example: PA-12

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:

Enter the date you estimate to start and end the proposed project



SF-424 Required Fields

Enter the
RAISE grant
request

Enter the
local match
if applicable

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL



SF-424 Required Fields

Select C

Select
Yes or No

*** 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.
- ☐ 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



SF-424 Required Fields

Authorized Representative:			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text"/>		
* Signature of Authorized Representative:	<input type="text"/>	* Date Signed:	<input type="text"/>

Authorized Representative has authority to make decisions for the applicant organization

Authorized Representative is the only person who can submit the application to grants.gov



FY 2024 RAISE Project Information Form



FY 2024 RAISE Project Information Form

- **Collect more detailed information about the project**
 - Description
 - Location
 - Budget
- **Review during intake to determine and verify eligible**
 - Applicant Type
 - Project Type
 - RAISE Funding Request
 - Non-Federal Match Requirement
 - Verify Location Designations
- **Find the FY 2024 RAISE Project Information Form**
 - “Related Documents” section on [Grants.gov](https://www.grants.gov)
 - [RAISE website](#)

FY 2024 RAISE Project Information Form

Project Information Form should be saved as
FY 2024 RAISE Project Information Form in Excel

FY 2024 RAISE Project Information Form - All Fields Required

****DO NOT CHANGE FILE NAME, COPY/PASTE, OR PDF THIS DOCUMENT WHEN SUBMITTING TO AVOID PROCESSING ERRORS****

Field Name	Response	Instructions
Project Name		Enter a <u>concise</u> , descriptive <u>title</u> for the project. This should be the same title used in the Grants.gov SF-424 submission and the application narrative.
Project Description		Describe the project in plain English terms, using <u>no more than 100 words</u> . For example, "The project will fund construction activities for streetcar service from location X to location Y" or "the RAISE grant will redevelop Main street with Complete Streets enhancements, ADA accessible sidewalks, and dedicated bicycle paths from 10th street to 25th street." <u>Do not</u> describe the project's benefits, background, or alignment with the selection criteria in this description field.

Enter the
same name
as question
#15 on the
SF-424



FY 2024 RAISE Project Information Form – Funding Sources

Enter the amount of RAISE funds requested. This amount should match the amount entered for #18(a) on the SF-424

RAISE Amount Requested

Total Project Cost

Total Federal Funding

Total Non-Federal Funding

This amount should match the amount entered for #18(g) on the SF-424.

Total Federal Funding + Total Non-Federal Funding = Total Project Cost



FY 2024 RAISE Project Information Form

Capital or Planning

The “**Capital**” designation is for projects that request funding for the construction of surface transportation capital infrastructure.

If your project includes **right-of-way acquisition**, it is classified as a “Capital” project under the RAISE program.

The “**Planning**” designation is for projects that request funding for planning, preparation, or design of eligible surface transportation capital projects.



FY 2024 RAISE Project Information Form – Location Information

Select the Urban Area the project is located or "Not located in an Urban Area"

2020 Census-designated Urban Area

Urban/Rural

Select Urban or Rural

Select the county or county equivalent where the project is located

Project Location Zip Code

2020 Census County

Additional 2020 Census Counties

Identify the 5-digit zip code project location. If project is located in more than one zip code, identify the zip code in which the majority of the project is located.
If the project is in a territory that does not have zip codes, leave this field blank.

Identify if the project is located in an Area of Persistent Poverty based on definition in the NOFO

2020 Census Tract(s)

Project Located in an Area of Persistent Poverty?

Identify the census tract(s) the project is located. For example, if the project is located in Census Tract 93.30, please enter '93.30' into the cell.

Provide the project's latitude / longitude coordinates. Projects not located at a single set of coordinates, provide centralized set of coordinates

Project Located in a Historically Disadvantaged Community?

Project Location Latitude

Project Location Longitude

Identify if the project is located in a Historically Disadvantage Community based on the definition in the NOFO



FY 2024 RAISE Project Information Form

Project Type
Anticipated FY24 RAISE Project Start Date

Identify the **Primary and Secondary** project type combination that most closely aligns with your project from the choices in the drop-down menu.

Enter the month/day/year you anticipate your project to start. This should only refer to the start of the RAISE funded 'project' and not include any previously incurred activities or costs that will not be funded under the RAISE 'project'.



FY 2024 RAISE Project Information Form

Submitting this exact project to another FY 2024 USDOT discretionary grant program? Please list the name of the program(s)

Please list the name(s) of the round(s) For example, TIGER 2015, BUILD 2019, RAISE 2023

US DOT FY24 Discretionary Application?
US DOT FY23 Reconnecting Communities and Neighborhood Grant Program Identical Application Submission?
US DOT FY23 Reconnecting Communities and Neighborhood Program "Reconnecting Extra" Designation?
Previous Submission to TIGER/BUILD/RAISE
Other Federal Agency Assistance?

Please select "Yes" if this project was submitted to the FY 2023 Reconnecting Communities and Neighborhoods Grant program

Please select "Yes" if this project was submitted to the FY 2023 Reconnecting Communities and Neighborhoods Grant program and designated "RCN Extra"



FY 2024 RAISE Project Information Form

Tribal Government?
Tribal Benefits?

Select "Yes" from the drop-down menu if the applicant is a Federally recognized tribal government

If the applicant is not a Federally recognized tribal government, is the project located on tribal land? And if not, does it have direct tribal benefits? Answer using the drop-down menu.



FY 2024 RAISE Project Information Form

Select **Yes or No** if your project includes a Project Labor Agreement or any other formal workforce agreements

Is the project currently, or does this project anticipate applying for Transportation Infrastructure Finance and Innovation Act (TIFIA) or Railroad Rehabilitation & Improvement Financing (RRIF) loans

Project include a Project Labor Agreement or other workforce agreements?

Private Corporation Involvement

Private Corporation Name(s)

TIFIA/RRIF?

Department Financing Program?

Does this project involve private entities

If yes, please list them by name

If your application is unsuccessful, would you like to be contacted about the Department's financing program?



Please type your questions in the **Q&A box**



- Email future questions to us at raisegrants@dot.gov
- See the frequently asked questions on our [website](#) for more answers