

# Safe Streets and Roads for All How to Complete Standard Forms

The Safe Streets and Roads for All (SS4A) discretionary grant program requires applicants to submit Standard Form (SF) 424 family forms to detail proposed funding, project, and lobbying information. **The required forms are available via the application submission software platform, Valid Evaluation (Valid Eval), and on the SS4A website.** See Section F: Submission Requirements and Deadlines in the SS4A Notice of Funding Opportunity (NOFO) for complete application submission instructions. To assist in completing the required SF forms, please consider the following recommendations.

# **Overall Requirements**

### What Standard Forms are applicants required to submit?

The OMB Number and Expiration Date for the most up-to-date form versions are provided below. Please confirm that the forms you use have the same information in the top right corner of the form.

Please note: Several of the required Standard Forms expired in February 2025. These are the latest versions at the time of the NOFO release date. Applicants will be notified if new versions become available, and new links will be posted on the SS4A website, Valid Eval, and in this resource guide.

The form titles below are linked to the relevant sections of this document.

- Applicants for Planning and Demonstration Grants must submit:
  - SF-424 General Application for Federal Assistance
    - OMB Number: 4040-0004; Expiration Date: 11/30/2025
  - SF-424A Budget Information for Non-Construction Programs
    - OMB Number: 4040-0006; Expiration Date: 02/28/2025
  - SF-424B Assurances for Non-Construction Programs
    - OMB Number: 4040-0007; Expiration Date: 02/28/2025
  - SF-LLL Disclosure of Lobbying Activities
    - OMB Number: 4040-0013; Expiration Date: 02/28/2025
- Applicants for Implementation Grants, including applications with supplemental planning and demonstration activities, must submit:
  - o SF-424 General Application for Federal Assistance
    - OMB Number: 4040-0004; Expiration Date: 11/30/2025
  - SF-424C Budget Information for Construction Programs
    - OMB Number: 4040-0008; Expiration Date: 02/28/2025
  - SF-424D Assurances for Construction Programs
    - OMB Number: 4040-0009; Expiration Date: 02/28/2025
  - SF-LLL Disclosure of Lobbying Activities
    - OMB Number: 4040-0013; Expiration Date: 02/28/2025

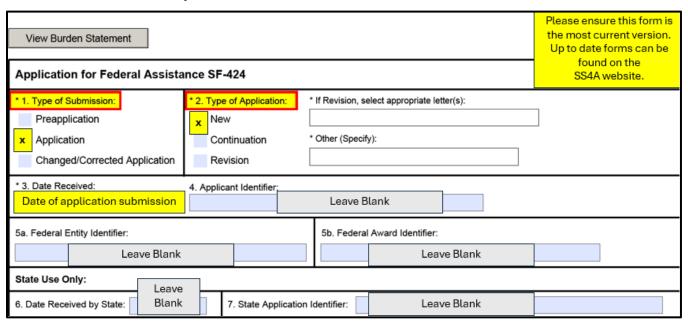
## **Individual Form Information**

The following sections provide information on how to fill out each component of the SF form in greater detail.

#### SF-424 General

- This form is required for all SS4A applicants.
- Please ensure this form is the most current version. Up to date forms can be found on <a href="the SS4A">the SS4A</a> website.

#### **Recommendations to Complete Form Fields for SF-424 General**



- 1: Type of Submission: Select "Application".
- 2: Type of Application: Select "New".
- **3: Date Received:** Enter date of application submission.
- 4: Applicant Identifier: Leave blank.
- 5a through 7: Leave blank.

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8. APPLICANT INFORMATION:  Enter legal name of applicant that will undertake the assistance activity. This is the same								
* a. Legal Name:						ld be a political subdivision		
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. UEI:					
			Register or check entity status in <u>sam.gov</u> to receive an active UEI					
d. Address:								
* Street1:	Enter addre	ss inform	ation for applicant	that will ur	ndertake t	the assistance activity.		
Street2:								
* City:								
County/Parish:								
* State:								<b>-</b>
Province:								
* Country:	USA: UNITED	STATES						<b>T</b>
* Zip / Postal Code:								
e. Organizational U	Jnit:							
Department Name:			_	Division Na	me:			
	Leave Blank					Leave Blank		
f. Name and contac	ct information of	person to l	be contacted on ma	tters involvi	ng this app	plication:		
Prefix:		<b>V</b>	* First Name:					
Middle Name: Enter contact information. This should be consistent with								
* Last Name:	the p	rimary co	ntact listed in Vali	d Eval.				
Suffix:		•						
Title:								
Organizational Affiliation:								
Enter organizational affiliation if affiliated with an organization other than that in 8.a								
* Telephone Number: Fax Number:								
* Email:								

#### • 8: Applicant Information:

- o **8a. Legal Name:** Enter legal name of applicant that will undertake the assistance activity. This is the same entity registered in sam.gov and should be a political subdivision of a state.
- o **8b. EIN/TIN:** Enter Employer/Taxpayer Identification Number (EIN/TIN).
- o **8c. UEI:** Enter applicant UEI. Register or check entity status in <u>sam.gov</u> to receive an active UEI.
- 8d: Address: Enter address information for the applicant that will undertake the assistance activity.
- 8e: Organizational Unit: Leave blank.
- 8f: Name and contact information of person to be contacted on matters involving this application: Enter contact information. This contact should be consistent with the primary contact listed in Valid Eval.
- 8f: Organizational affiliation: Enter organizational affiliation if contact listed is affiliated with an organization other than that listed in 8a. Legal Name.

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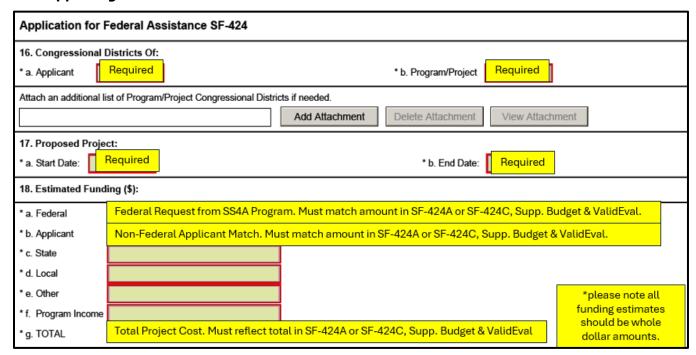
Application for Federal Assistance SF-424				
* 9. Type of Applicant 1: Select Applicant Type:				
Select from dropdown	<b>-</b>			
Type of Applicant 2: Select Applicant Type:	_			
	<b>▼</b>			
Type of Applicant 3: Select Applicant Type:				
	•			
* Other (specify):	_			
* 10. Name of Federal Agency:				
Enter "U.S. Department of Transportation"				
11. Assistance Listing Number:				
Enter "20.939"				
Assistance Listing Title:				
Enter "Safe Streets and Roads for All"				
* 12. Funding Opportunity Number:				
Enter "DOT-SS4A-FY25-01"				
* Title:				
Enter "Safe Streets and Roads for All"				

- **9: Type of applicant 1: Select Applicant Type:** Select the appropriate applicant type from the dropdown menu.
- 10: Name of Federal Agency: Enter "U.S. Department of Transportation".
- 11: Assistance Listing Number: Enter "20.939".
- 11: Assistance Listing Title: Enter "Safe Streets and Roads for All".
- **12: Funding Opportunity Number:** Enter "DOT-SS4A-FY25-01".
- 12: Title: Enter "Safe Streets and Roads for All".

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13. Competition Identification Number:					
Leave Blank					
Title:					
14. Areas Affected by Project (Cities, Counties, States, etc.	:.):				
Leave Blank. This information is collected in ValidEval.  Add Attachment  Delete Attachment  View Attachment					
* 15. Descriptive Title of Applicant's Project:					
Enter Project Title as it appears in ValidEval. Do NOT enter project narrative.					
Attach supporting documents as specified in agency instructions.					
Add Attachments Do not attach additional documentation in this form.					

- 13: Competition Identification Number: Leave Blank.
- 14: Areas Affected by Project (Cities, Counties, States, etc.): Leave Blank. This information is collected in Valid Eval.
- **15: Descriptive Title of Applicant's Project:** Enter Project Title as it appears in Valid Eval. Do not enter project narrative.
- Supporting documentation: Do not attach additional documents to this form.



• **16a: Congressional Districts of Applicant:** Information Required. Enter the relevant Congressional Districts of the applicant. For additional information on what to enter in this form field, refer to: <a href="https://apply07.grants.gov/apply/forms/instructions/SF424">https://apply07.grants.gov/apply/forms/instructions/SF424</a> 4 0-V4.0-Instructions.pdf

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- 16b: Congressional Districts of Project: Information Required. Enter the relevant Congressional
  Districts for the proposed project. For additional information on what to enter in this form field, refer to
  instructions on Grants.gov.
- 17a: Proposed Project Start Date: Information Required. Enter your project's estimated start date.
- 17b: Proposed Project End Date: Information Required. Enter the project's estimated end date.
- 18: Estimated Federal Funding
  - o **18a: Federal:** Enter Federal request amount from SS4A Program. This amount must match the amount found in the SF-424A or SF-424C, Supplemental Budget, and Valid Eval.
  - o **18b: Applicant:** Enter non-Federal applicant match. This amount must match the amount found in the SF-424A or SF-424C, Supplemental Budget, and Valid Eval.
  - o **18c: State:** Enter amount of State funded match if applicable.
  - o **18d: Local:** Enter amount of other local match if applicable.
  - o **18e: Other:** Enter amount of any other match if applicable.
  - o **18f: Program Income:** Enter if applicable.
  - 18g: Total: Enter total project cost. This amount must match the amount found in the SF-424A or SF-424C, Supplemental Budget, and Valid Eval.
  - \*Please note all funding estimates should be whole dollar amounts.
  - For additional instructions on how to complete the SF-424, refer to instructions on Grants.gov.

•					
* 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. No, this 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 Yes/No Required					
If "Yes", provide explanation and attach					
Add Attachment Do not attach additional documentation in this form.					
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 18, Section 1001)					
**I AGREE Required					
** 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: Required. Authorized Representative section should be filled and signed by someone within the local entity.					
Prefix: * First Name:					
Middle Name:					
* Last Name:					
Suffix:					
* Title:					
* Telephone Number: Fax Number:					
* Email:					
* Signature of Authorized Representative:					
Please sign with an Adobe digital signature OR with a wet signature.  Simply typing your name in the box will NOT be accepted					

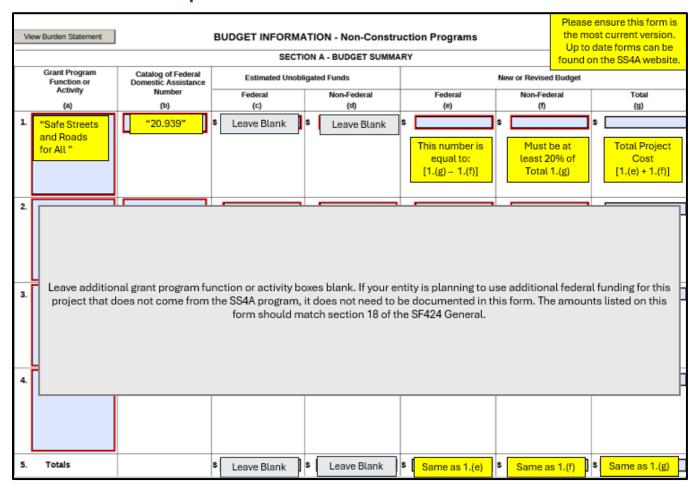
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- 19: Is Application Subject to Review by State Under Executive Order 12372 Process? Select "c. Program is not covered by EO 12372".
- 20: Is the Applicant Delinquent On Any Federal Debt? Select "Yes" or "No" as applicable.
- 21: Select "I agree".
- 21: Authorized Representative: This contact information is required. The authorized representative section should be filled and signed by someone from the applicant entity. Please make sure to sign with an Adobe digital signature OR with a wet signature. Simply typing your name into the box will NOT be accepted.

#### SF-424A

- The SF-424A is required for SS4A Planning and Demonstration Grant applicants only.
- Please ensure this form is the most current version. Up to date forms can be found on the <u>SS4A</u> website.

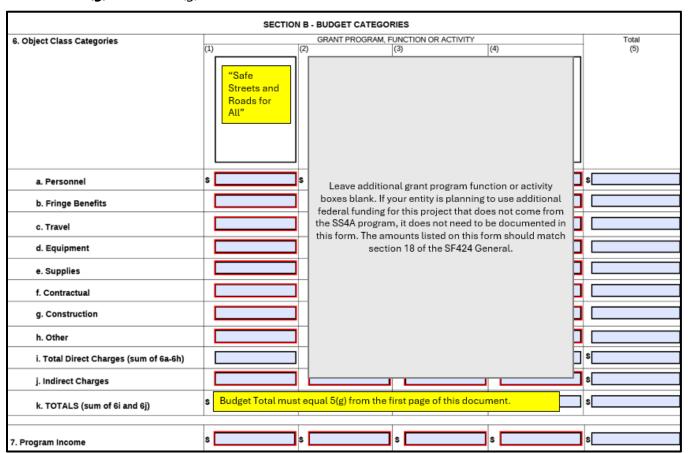
#### **Recommendations to Complete Form Fields for SF-424A**



- Section A: Budget Summary
- Row 1: Complete based on project budget.
  - o 1(a): Grant Program Function or Activity: Enter "Safe Streets and Roads for All".
  - o 1(b): Catalog of Federal Domestic Assistance Number: Enter: "20.939".
  - 1(c): Estimated Unobligated Funds Federal: Leave blank.

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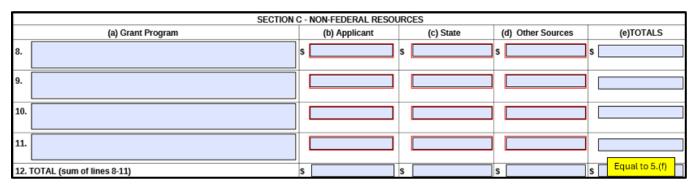
- o 1(d): Estimated Unobligated Funds Non-Federal: Leave blank.
- o 1(e): New or Revised Budget Federal: Federal share is equal to 1(g) minus 1(f).
- 1(f) New or Revised Budget Non-Federal: Non-Federal match must be at least 20% of total project cost in 1(g).
- o **1(g) Total:** Enter total project cost.
- Rows 2-4: Leave additional grant program function or activity boxes blank. If your entity is planning to
  use additional Federal funding for this project that does not come from the SS4A program, it does not
  need to be documented in this form. The amounts listed on this form should match section 18 of the
  SF-424 General.
- Row 5: Totals: These boxes should auto-populate based on previously entered amounts.
  - o **5(c):** Leave blank.
  - o **5(d):** Leave blank.
  - o **5(e):** Same as 1(e).
  - o **5(f):** Same as 1(f).
  - o **5(g):** Same as 1(g).



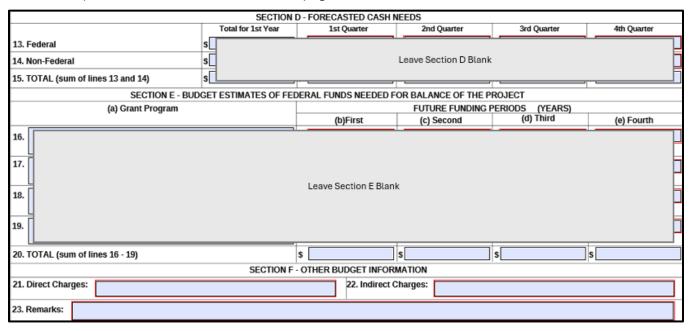
- Section B: Budget Categories
  - o For more information on these categories, see pages 4-9 of instructions on Grants.gov.
- Column (1) Grant Program, Function or Activity: Enter "Safe Streets and Roads for All"
  - o **1(a) 1(j):** Enter amounts as applicable for your project.
  - o **1(k) Totals:** Budget Total must equal 5(g) from the first page of this document.

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• **Columns (2) – (4):** Leave additional grant program function or activity boxes blank. If your entity is planning to use additional Federal funding for this project that does not come from the SS4A program, it does not need to be documented in this form. The amounts listed on this form should match section 18 of the SF-424 General.



• **Section C: Non-Federal Resources:** Describe the sources of your non-Federal match. The total in 12(e) must equal the total from 5(f) on the first page of this document.



- Section D: Forecasted Cash Needs: Leave blank
- Section E: Budget Estimates of Federal Funds Needed for Balance of the Project: Leave blank.
- Section F: Other Budget Information: Only fill out if you are using an indirect rate.

#### SF-424B

- This form is required for SS4A Planning and Demonstration Grant applicants only.
- Ensure this form is the most current version. Up to date forms can be found on the SS4A website.
- Sign with an Adobe digital signature OR with a wet signature. Simply typing your name in the box will NOT be accepted.
- The authorized certifying official who signs the form needs to be from the applicant entity, not from a contractor/consultant assisting with the application.

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#### SF-424C

- This form is required for SS4A Implementation Grant applicants only.
- Please ensure this form is the most current version. Up to date forms can be found on the <u>SS4A</u> website.

#### **Recommendations to Complete Form Fields for SF-424C**

BUDGET INFORMATION - Construction Programs					
NOTE: Certain Federal assistance programs require additional c	IOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.  a Total Cost  b. Costs Not Allowable  c. Total Allowable Costs				
COST CLASSIFICATION	a. Total Cost	for Participation	(Columns a-b)		
Administrative and legal expenses	\$ Include dollar amounts	\$ Optional, only include	\$ Column c should auto-		
Land, structures, rights-of-way, appraisals, etc.	for expenses under each cost classification.	dollar amounts for \$ expenses that will NOT	\$ Column b from Column		
Relocation expenses and payments	For additional information on what is	be covered by the SS4A federal grant request	\$ a.		
Architectural and engineering fees	\$ included in these categories, refer to	\$ amount OR applicant provided match.	\$		
Other architectural and engineering fees	https://apply07.grants.g ov/apply/forms/instructi	\$	\$		
Project inspection fees	s ons/SF424C_2_0-V2.0- Instructions.pdf	\$	\$		
7. Site work	\$	\$	\$		
8. Demolition and removal	\$	\$	\$		
9. Construction	\$	\$	\$		
10. Equipment	\$	\$	\$		
11. Miscellaneous Line 11 can list Supplemental Planning and/or non-construction demonstration projects, if applicable.					
12. SUBTOTAL (sum of lines 1-11)	\$	\$	\$		
13. Contingencies	\$	\$	\$		
14. SUBTOTAL	\$	\$	\$		
15. Project (program) income	\$	\$	\$ Total Project Cost (16. c) should be equal to Total		
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$	\$	Project Cost in section 18 of the SF-424 General		
FEDERAL FUNDING					
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X Enter the resulting Federal share.  **Total Federal share requested**  **Total Federal share requested r					

- **Column (a) Total Cost:** Include dollar amounts for expenses under each cost classification. For additional information on what is included in these categories, refer to <u>instructions on Grants.gov</u>.
  - Line 11: Miscellaneous: Enter budget for supplemental planning and/or non-construction demonstration projects, if applicable.
- **Column (b) Cost Not Allowable for Participation**: Optional, only include dollar amounts for expenses that will NOT be covered by the SS4A Federal grant request amount OR applicant provided match.
- **Column (c) Total Allowable Costs:** Column (c) should auto-calculate by subtracting Column (b) from Column (a).
- **16(c) Total Project Cost:** The amount should be equal to the Total Project Cost in section 18 of the SF-424 General.
- 17. Federal assistance requested:
  - Multiply by 80% or less of total project cost in 16(c) to calculate total federal assistance requested.

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#### SF-424D

- This form is required for SS4A Implementation Grant applicants only.
- Ensure this form is the most current version. Up to date forms can be found on the <u>SS4A website</u>.
- Sign with an Adobe digital signature OR with a wet signature. Simply typing your name in the box will NOT be accepted.
- The authorized certifying official who signs the form needs to be from the applicant entity, not from a contractor/consultant assisting with the application.

#### SF-LLL

- This form is required for all SS4A applicants.
- Please ensure this form is the most current version. Up to date forms can be found on the <u>SS4A</u> website.

#### **Recommendations to Complete Form Fields for SF-LLL**

1. * Type of Federal Action:	2. * Status of Federa	al Action:	3. * Report Type:			
a. contract	a. bid/offer/application	on	a. initial filing			
b. grant	b. initial award		b. material change			
c. cooperative agreement	c. post-award		_			
d. loan	_					
e. loan guarantee						
f. loan insurance						
4. Name and Address of Reporting	Entity:					
Prime SubAwardee	•					
*Name		1				
Enter Applicant name and		J				
*Street 1 address	St	reet 2				
* City	State		Zip			
Congressional District, if known:						
5. If Reporting Entity in No.4 is Subar	5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:					
6. * Federal Department/Agency:		7. * Federal Prog	ram Name/Description:			
Office of the Secretary of Trai	nsportation	Safe Streets and Roads for All				
		CFDA Number, if applicab	le: 20.939			
8. Federal Action Number, if known:		9. Award Amoun	t, if known:			
Leave blank		\$ Leave blank				

- Boxes 1 3 should be filled in already.
- 4. Name and Address of Reporting Entity: Enter applicant name and address.
- 5. If reporting entity in No. 4 is Subawardee, enter Name and Address of Prime: Enter if applicable.
- **6. Federal Department/Agency:** Enter "Office of the Secretary of Transportation".
- 7. Federal Program Name/Description: Enter "Safe Streets and Roads for All".

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- o CFDA Number: Enter "20.939".
- **8. Federal Action Number:** Leave blank.
- 9. Award Amount: Leave blank.

10. a. Name and Address of Lobbying Registrant:					
Prefix	Enter Lobbying registrant name and				
* Last Name	address if applicable Suffix				
* Street 1	Enter N/A if your entity does not have a Federal lobbyist. Form should be	completed			
*City	regardless of whether entity has a lobbyist or not.				
b. Individ	ual Performing Services (including address if different from No. 10a)				
Prefix	* First Name				
* Last Name	Suffix 🔻				
* Street 1	Street 2				
* City	State	<b>▼</b> Zip			
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.					
* Signature: Please sign using a digital signature or wet signature. Do not simply type your name in the box.					
*Name:	Prefix * First Name Middle Name				
	* Last Name Suffix	•			
Title:	Telephone No.: Date:				
Federal Us	e Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)			
Note t	ne signature in section 11 needs to be from the applicant entity, not from a contractor/consultant assisting with the application.				

- **10. a. Name and Address of Lobbying Registrant**: Enter Lobbying registrant name and address if applicable. Enter N/A if your entity does not have a Federal lobbyist. This form should be completed *regardless* of whether the entity has a lobbyist or not.
- **10. b. Individual Performing Services:** Enter name and address if different than 10.a. Enter N/A if your entity does not have a federal lobbyist.
- **11. Signature:** Please sign with an Adobe digital signature OR with a wet signature. Simply typing your name in the box will NOT be accepted. Also note that the authorized certifying official needs to be from the applicant entity, not from a contractor/consultant assisting with the application.

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