|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Award No.** | 1. **Effective Date**   See No. 17 Below | 1. **Assistance Listings No.**   20.933 | |
| 1. **Award To**   Unique Entity Id.:  TIN No.: | 1. **Sponsoring Office**   U.S. Department of Transportation  Federal Highway Administration  Office of Acquisition & Grants Management  1200 New Jersey Avenue, SE  HCFA-32, Mail Drop E62-204  Washington, DC 20590 | | |
| 1. **Period of Performance**   Effective Date of Award – | 1. **Total Amount**   Federal Share:  Recipient Share:  Total: | | $0  $0  $0 |
| 1. **Type of Agreement**   Grant | 1. **Authority**   Consolidated Appropriations Act, 2021 (Pub. L. 116-260, Dec. 27, 2020) | | |
| 1. **Procurement Request No.** | 1. **Federal Funds Obligated**   $0 | | |
| 1. **Submit Payment Requests To**   See article 20. | 1. **Payment Office**   See article 20. | | |
| 1. **Accounting and Appropriations Data** | | | |
| 1. **Description of Project** | | | |
| **RECIPIENT**   1. **Signature of Person Authorized to Sign**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  Name:  Title: | **FEDERAL HIGHWAY ADMINISTRATION**   1. **Signature of Agreement Officer**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  Name:  Title: Agreement Officer | | |

U.S. DEPARTMENT OF TRANSPORTATION  
  
GRANT AGREEMENT UNDER THE  
FISCAL YEAR 2021 RAISE GRANT PROGRAM

This agreement is between the United States Department of Transportation (the “**USDOT**”) and the [insert full name of applicant] (the “**Recipient**”).

This agreement reflects the selection of the Recipient to receive a RAISE Grant for the [insert project name].

The parties therefore agree to the following:

1. General Terms and Conditions

General Terms and Conditions.

(a) In this agreement, “**General Terms and Conditions**” means the content of the document titled “General Terms and Conditions Under The Fiscal Year 2021 Rebuilding American Infrastructure with Sustainability and Equity (RAISE) Grant Program:  
FHWA Projects,” dated April 23, 2025, which is available at<https://www.transportation.gov/BUILDgrants/grant-agreements> . Articles 8–31 are in the General Terms and Conditions. The General Terms and Conditions are part of this agreement.

(b) The Recipient states that it has knowledge of the General Terms and Conditions.

(c) The Recipient acknowledges that the General Terms and Conditions impose obligations on the Recipient and that the Recipient’s non-compliance with the General Terms and Conditions may result in remedial action, terminating of the RAISE Grant, disallowing costs incurred for the Project, requiring the Recipient to refund to the USDOT the RAISE Grant, and reporting the non-compliance in the Federal-government-wide integrity and performance system.

1. Application, Project, and Award

Application.

Application Title: [insert full title of submitted application]

Application Date: [insert the date in box 3 of the SF-424]

Award Amount.

RAISE Grant Amount: [$XXX]

**[If all funds are being obligated at once:]**

Federal Obligation Type: Single

**[If funds are to be obligated in project phases or by component:]**

Federal Obligation Type: Multiple

| RAISE Grant Allocation Table | |
| --- | --- |
| Portion of the Project | Allocation from RAISE Grant |
| [insert name of first phase (*e.g*., “Base phase”) or component (*e.g.,* “Component 1”)] | [$XXX] |
| [insert name of second phase (*e.g*., “Option phase 1”) or component (*e.g.,* “Component 2”)] | [$XXX] |

| Future Obligation Conditions Table | |
| --- | --- |
| Portion of the Project | Condition |
| [insert name of second phase (*e.g*., “Option phase 1”) or component (*e.g.,* “Component 2”)] | [USDOT will describe the conditions] |

Award Dates.

|  |  |
| --- | --- |
| Budget Period End Date: | [insert date] |
| Period of Performance End Date: | [insert date] |

Urban or Rural Designation.

Urban-Rural Designation: [Urban] [Rural]

* 1. Capital or Planning Designation.

Capital-Planning Designation: Capital

* 1. Federal Award Identification Number.

The Federal Award Identification Number is listed on page 1, line 1.

1. Summary Project Information

Summary of Project’s Statement of Work.

**[****See drafting instructions.]**

Project’s Estimated Schedule.

| Milestone | Schedule Date |
| --- | --- |
| Planned NEPA Completion Date: | [insert date] |
| Planned Right-of-Way Certification Date: | [insert date] |
| Planned Construction Substantial Completion and Open to Traffic Date: | [insert date] |

Project’s Estimated Budget.

|  |  |
| --- | --- |
| Eligible Project Costs | |
| RAISE Grant Amount: | [$XXX] |
| Other Federal Funds: | [$XXX] |
| Non-Federal Funds: | [$XXX] |
| Total Eligible Project Cost: | [$XXX] |

1. Critical Milestone Deadlines

Critical Milestone Deadlines.

[If the only critical dates are substantial completion dates, then use the following:]

**None.** The parties have not identified any project-specific critical milestone deadlines for this award. The Recipient acknowledges the USDOT may terminate this award under section 17.1(a) on some conditions related to the Project’s estimated schedule, as listed in section 3.2.

[If there are additional critical dates, use this table and insert a row for each date. The milestone must be described in enough detail that there is no ambiguity about when it is met:]

| Milestone | Deadline Date |
| --- | --- |
| [Insert milestone] | [insert date] |

1. Party Information

Recipient’s Unique Entity Identifier.

Recipient’s Unique Entity Identifier: [insert Recipient UEI]

Recipient Contact(s).

[enter name]

[enter job title]

[enter organization]

[enter address]

[enter telephone]

[email address]

Recipient Key Personnel.

| Name | Title or Position |
| --- | --- |
| [Insert name] | [insert title] |

USDOT Project Contact(s).

[enter name]

Agreement Officer (AO)

Federal Highway Administration

Office of Acquisition and Grants Management

HCFA-32, Mail Stop E62-310

1200 New Jersey Avenue, S.E.

Washington, DC 20590

[enter telephone]

[enter email address]

and

[enter name]

Agreement Specialist (AS)

Office of Acquisition and Grants Management

HCFA-32, Mail Stop E62-204

1200 New Jersey Avenue, S.E.

Washington, DC 20590

[enter telephone]

[enter email]

and

[enter name]

Agreement Officer Representative (AOR)

[enter job title]

[enter office]

[enter address]

[enter telephone]

[email address]

and

[enter name]

[enter job title]

[enter office]

[enter address]

[enter telephone]

[email address]

1. USDOT Administrative Information

Payment System.

USDOT Payment System: DELPHI eInvoicing

Office for Subaward and Contract Authorization.

USDOT Office for Subaward and Contract Authorization: FHWA Office of Acquisition and Grants Management

1. Special Grant Terms

There are no special terms for this award.

Attachment A  
Statement of Work

**instructions FOR COMPLETING ATTACHMENT a:** This attachment must describe the project that DOT agreed to fund, which is typically the project that was described in the application or a reduced-scope version of that project. If the project will be completed in segments or phases, describe each segment or phase. If the project has separate functional or geographic components, describe each component.

Attachment B  
Estimated Project Budget

1. Supplementary Fund Source Table(s)

[ If this section will contain any information: ]

The following tables supplement the budget information in section 3.3.

[**Non-RAISE Previously Incurred Costs:** If the Total Eligible Project Cost is less than the project cost estimate in the application because some costs have already been incurred and those costs are not eligible pre-award costs listed in attachment E, add this table and describe the previously incurred activities in attachment D. Otherwise remove this table]

|  |  |
| --- | --- |
| Non-RAISE Previously Incurred Costs | |
| Other Federal Funds: | [$XXX] |
| Non-Federal Funds: | [$XXX] |
| Total: | [$XXX] |

[**Eligible Costs:** If the project will be completed in separate segments, phases, or components, use the following table with a separate column for each segment or phase. Any segment, phase, or component identified here must be described in attachment A. If phases or components are identified for separate obligations in section 2.2, those phases or components must be listed here. The total column must match the table in section 3.3.

If the Recipient’s costs are not separable by component (e.g., if all activities are invoiced under a single contract), then do not use this table; section 3.3 is sufficient.

Rows with $0 should be removed, except that the RAISE Funds row should always be present. ]

|  | Eligible Costs | | |
| --- | --- | --- | --- |
|  | [Component 1] | [Component 2] | Total |
| RAISE Funds: | [$XXX] | [$XXX] | [$XXX] |
| Other Federal Funds: | [$XXX] | [$XXX] | [$XXX] |
| Non-Federal Funds: | [$XXX] | [$XXX] | [$XXX] |
| Total: | [$XXX] | [$XXX] | [$XXX] |

[ If neither of the tables above is necessary, then the following should be the only content in Attachment B, section 1: ]

Reserved. This attachment B does not contain any supplementary fund source tables.

2. Cost Classification Table

**[**If no costs are anticipated in a category, remove the row from the table.]

| Cost Classification | Total Costs | Non-RAISE Previously Incurred Costs | Eligible Costs |
| --- | --- | --- | --- |
| Administrative and legal expenses |  |  |  |
| Land, structures, rights-of-way, appraisals, etc. |  |  |  |
| Relocation expenses and payments |  |  |  |
| Architectural and engineering fees |  |  |  |
| Other architectural and engineering fees |  |  |  |
| Project inspection fees |  |  |  |
| Site work |  |  |  |
| Demolition and removal |  |  |  |
| Construction |  |  |  |
| Equipment |  |  |  |
| Miscellaneous |  |  |  |
| Contingency |  |  |  |
| Project Total |  |  |  |

Attachment C  
Performance Measurement Information

**Study Area:** [Insert description of area to be studied]

**Baseline Measurement Date:** [insert date]

**Baseline Report Date:** [insert date]

Table 1: Performance Measure Table

| Measure | Category and Description | Measurement Frequency |
| --- | --- | --- |
| [Insert Performance Measure] | [Performance Measure Category]  [Performance Measure Description] | [quarterly *or* annual] |
| [Insert Performance Measure] | [Performance Measure Category]  [Performance Measure Description] | [quarterly *or* annual] |

Attachment D  
Changes from Application

**Instructions for completing attachment D:** Describe all material differences between the scope, schedule, and budget described in the application and the scope, schedule, budget described in article 3 and attachments A–B. The purpose of this attachment D is to clearly and accurately document the differences in scope, schedule, and budget to establish the parties’ knowledge and acceptance of those differences. See section 10.1.

**Scope**:

**Schedule**:

**Budget**:

The table below provides a summary comparison of the project budget.

| **Fund Source** | **Application** | | **Section 3.3 and Attachment B** | |
| --- | --- | --- | --- | --- |
| $ | % | $ | % |
| **Previously Incurred Costs** |  |  |  |  |
| Federal Funds |  |  |  |  |
| Non-Federal Funds |  |  |  |  |
| Total Previously Incurred Costs |  |  |  |  |
| **Future Eligible Project Costs** |  |  |  |  |
| RAISE Funds |  |  |  |  |
| Other Federal Funds |  |  |  |  |
| Non-Federal Funds |  |  |  |  |
| Total Future Eligible Project Costs |  |  |  |  |
| Total Project Costs |  |  |  |  |

Attachment E  
Approved Pre-award Costs

[**If A/C has not been approved by OST:**]

**None.** The USDOT has not approved under this award any pre-award costs under 2 CFR 200.458. Because unapproved costs incurred before the date of this agreement are not allowable costs under this award, the USDOT will neither reimburse those costs under this award nor consider them as a non-Federal cost sharing contribution to this award. Costs incurred before the date of this agreement are allowable costs under this award only if approved in writing by USDOT before being included the project costs and documented in this Attachment E. See section 20.2(b).

[**If pre-award authority has been approved by OST and FHWA:**]

On [insert date], [Recipient] sent a written request to the FHWA for pre-award approval under 2 CFR 200.458 for costs to [insert activity]. The pre-award approval request would allow the recipient to [describe the reason for pre-award authority]. [Recipient] requested pre-award approval for $XXX in RAISE Grant funds or non-Federal funds for match.

OST approved [Recipient’s] request to allow pre-award costs on [insert date]. The FHWA Office of Acquisition and Grants Management issued a notice to proceed with pre-award costs on [insert date].