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

MARAD FY 2021 RAISE Grant No. [insert #]

[insert accounting code] — [insert award amount]

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: MARAD 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]

* 1. Award Amount.

RAISE Grant Amount: [$XXX]

Award Dates.

Budget Period End Date: [insert date]

Period of Performance End Date: [insert date]

* 1. Urban or Rural Designation.

Urban-Rural Designation: [Urban] [Rural]

* 1. Capital or Planning Designation.

Capital-Planning Designation: Planning

Federal Award Identification Number.

The USDOT identifies this award with the following federal award identification number:

**[INSERT FAIN USED FOR DATA ACT REPORTING]**

1. Summary Project Information

Summary of Project’s Statement of Work.

**[See drafting instructions.]**

Project’s Estimated Schedule.

| Milestone | Schedule Date |
| --- | --- |
| Planned Project Completion 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 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]

* 1. Recipient Contact(s).

Name

Title

Agency

Mailing Address

Phone Number

Email Address

Recipient Key Personnel.

None. The parties have not identified any individuals as key personnel for this award.

USDOT Project Contact(s).

Name

Title

Agency

Mailing Address

Phone Number

Email Address

1. USDOT Administrative Information

Payment System.

USDOT Payment System: Delphi eInvoicing System

Office for Subaward and Contract Authorization.

USDOT Office for Subaward and Contract Authorization: None

1. Special Grant Terms

Mitigation Measures.

[If there are mitigation requirements in the NEPA document or the SHPO MOA:]

The Recipient shall complete the mitigation activities described in [insert environmental documentation type], dated [insert date of environmental decision], and the “[insert applicable MOA with SHPO here],” dated [insert date of MOA execution], including the terms and conditions contained in the required permits and authorizations for the project.

[Otherwise:]

[Reserved]

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. 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. If the project budget includes contingency that has not yet been distributed, a separate “Contingency” row may be added. ]

| 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 |  |  |  |
| Project Total |  |  |  |

Attachment C  
Performance Measurement Information

**Reserved.**

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 pre-award authority 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 in the project costs and documented in this Attachment E. See section 20.3(b).

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

On [insert date], the USDOT approved [Recipient’s] request to allow the following pre-award costs.

[To the extent possible, this attachment should identify the scope and cost of the approved pre-award activities.]

RECIPIENT SIGNATURE PAGE

The Recipient, intending to be legally bound, is signing this agreement on the date stated opposite that party’s signature.

|  |  |  |
| --- | --- | --- |
|  | [insert full name of Recipient’s organization] | |
| Date | By: | Signature of Recipient’s Authorized Representative  [insert name]  Name  [insert title]  Title |

USDOT SIGNATURE PAGE

The USDOT, intending to be legally bound, is signing this agreement on the date stated opposite that party’s signature.

|  |  |  |
| --- | --- | --- |
|  | UNITED STATES DEPARTMENT OF TRANSPORTATION | |
| Date | By: | Signature of USDOT’s Authorized Representative  [insert name]  Name  [insert title]  Title |