U.S. DEPARTMENT OF TRANSPORTATION  
  
GRANT AGREEMENT UNDER THE  
FISCAL YEAR 2024 RAISE 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 2024 RAISE Program: FTA Projects,” dated April 23, 2025, which is available at <https://www.transportation.gov/BUILDgrants/grant-agreements>. The General Terms and Conditions reference the information contained in the schedules to this agreement. 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. Special Terms and Conditions.

[Choose the appropriate one of these two alternatives.]

[**Alternative #1:** If there are no special terms and conditions, then use the following:]

There are no special terms for this award.

[**Alternative #2:** If there are special terms and conditions, repeat and modify the following as needed:]

[Special Term Title].

[special term text]

1. Schedule A  
   Administrative Information
   1. Application.

Application Title: [insert full title of submitted application]

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

* 1. Recipient’s Unique Entity Identifier.

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

* 1. Recipient Contact(s).

Name

Title

Agency

Mailing Address

Phone Number

Email Address

* 1. Recipient Key Personnel.

None.

* 1. USDOT Project Contact(s).

Name

Title

Agency

Mailing Address

Phone Number

Email Address

* 1. Payment System.

USDOT Payment System: ECHO

* 1. Office for Subaward and Contract Authorization.

USDOT Office for Subaward and Contract Authorization: None

* 1. Federal Award Identification Number.

Federal Award Identification Number: [insert FAIN]

1. Schedule B  
   Project Activities
   1. General Project Description.

[Insert text from decision memo with any necessary corrections.]

* 1. Statement of Work.

[Insert statement of work.]

1. Schedule C  
   Award Dates and Project Schedule
   1. Award Dates.

Budget Period End Date:[Choose the appropriate one of these two alternatives.]

[**Alternative #1:** If all funds are being obligated at once:]

Budget Period End Date: MM/DD/YYYY

[**Alternative #2**: If funds are to be obligated in multiple project phases:]

Base Phase Budget Period End Date: MM/DD/YYYY

Option Phase 1 Budget Period End Date: MM/DD/YYYY

Option Phase 2 Budget Period End Date: MM/DD/YYYY

Period of Performance End Date: [insert date]

* 1. Estimated Project Schedule.

| Milestone | Schedule Date |
| --- | --- |
| Planned Construction Substantial Completion Date: | [insert date] |
| Planned Revenue Service or Planned Project Completion Date: | [insert date] |

* 1. Special Milestone Deadlines.

[Choose the appropriate one of these two alternatives.]

[**Alternative #1:** If the only critical dates are completion dates, then use the following:]

None.

[**Alternative #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. Each of these milestones is intended to establish a clear trigger for USDOT to terminate the award or amend the terms of this agreement.  
  
]

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

1. Schedule D  
   Award and Project Financial Information
   1. Award Amount.

RAISE Grant Amount: [$XXX]

* 1. Federal Obligation Information.

Federal Obligation Type: Single

* 1. Approved Project Budget.

Eligible Project 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] |

* 1. Cost Classification Table.

Reserved.

* 1. Approved Pre-award Costs

[Choose the appropriate oneof these two alternatives.]

[**Alternative #1:** 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 section 5. See section 18.3(b) of the General Terms and Conditions.

[**Alternative #2:** 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 Schedule D should identify the scope and cost of the approved pre-award activities.]

1. Schedule E  
   Changes from Application

**Scope**:

[ If the activities described in schedule B differ from the scope presented in the application, describe the changes here and explain the need for those changes. If there are no changes, state that there are no changes. ]

**Schedule**:

[ If any dates listed in sections 2–3 of schedule C differ from the estimated schedule presented in the application, describe the changes here and provide an explanation of the cause of those changes. If there are no changes, state that there are no changes and remove the milestone table below. ]

The table below compares the Project milestone dates.

|  |  |  |
| --- | --- | --- |
| Milestone | Application | Schedule C |
| Planned Construction Substantial Completion Date: | [insert date] | [insert date] |
| Planned Revenue Service or Planned Project Completion Date: | [insert date] | [insert date] |

**Budget**:

[ If any amounts listed in sections 3–4 of schedule D differ from the budget presented in the application, describe the changes here and provide an explanation of the cause of those changes. If there are no changes, state that there are no changes and remove the budget table below. ]

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

| **Fund Source** | **Application** | | **Schedule D** | |
| --- | --- | --- | --- | --- |
| $ | % | $ | % |
| **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 |  |  |  |  |

**Other:**

[ If there are notable changes in aspects of the Project other than scope, schedule, and budget (*e.g.,* recipient changes), then describe those changes here. If there are not, then state that there are no other notable changes from the application. ]

1. Schedule F  
   RAISE Program Designations
   1. Urban or Rural Designation.

Urban-Rural Designation: [Urban] [Rural]

* 1. Capital or Planning Designation.

Capital-Planning Designation: Capital

* 1. Historically Disadvantaged Community or Area of Persistent Poverty Designation.

HDC or APP Designation: [Yes] [No]

* 1. Funding Act.

Funding Act: [IIJA] [FY2024]

* 1. Security Risk Designation.

Security Risk Designation: [Low] [Elevated]

1. Schedule G  
   RAISE 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

| Performance Measure | Unit Reported |
| --- | --- |
| [Insert the selected **Performance Measure**] | [Insert the **Unit Reported** associated with the selected performance measure] |
| [Insert the selected **Performance Measure**] | [Insert the **Unit Reported** associated with the selected performance measure] |

1. Schedule H  
   Labor and Work
   1. Efforts to Support Good-Paying Jobs and Strong Labor Standards

The Recipient states that rows marked with “X” in the following table are accurate:

|  |  |
| --- | --- |
|  | The Recipient or a project partner promotes robust job creation by supporting good-paying jobs directly related to the project with free and fair choice to join a union. *(Describe robust job creation and identify the good-paying jobs in the supporting narrative below.)* |
|  | The Recipient or a project partner will invest in high-quality workforce training programs such as registered apprenticeship programs to recruit, train, and retain skilled workers, and implement policies such as targeted hiring preferences. *(Describe the training programs in the supporting narrative below.)* |
|  | The Recipient or a project partner will partner with high-quality workforce development programs with supportive services to help train, place, and retain workers in good-paying jobs or registered apprenticeships including through the use of local and economic hiring preferences, linkage agreements with workforce programs, and proactive plans to prevent harassment. *(Describe the supportive services provided to trainees and employees, preferences, and policies in the supporting narrative below.)* |
|  | The Recipient or a project partner will partner and engage with local unions or other worker-based organizations in the development and lifecycle of the project, including through evidence of project labor agreements and/or community benefit agreements. *(Describe the partnership or engagement with unions and/or other worker-based organizations and agreements in the supporting narrative below.)* |
|  | The Recipient or a project partner will partner with communities or community groups to develop workforce strategies. *(Describe the partnership and workforce strategies in the supporting narrative below.)* |
|  | The Recipient or a project partner has taken other actions related to the Project to create good-paying jobs with the free and fair choice to join a union and incorporate strong labor standards. *(Describe those actions in the supporting narrative below.)* |
|  | The Recipient or a project partner has not yet taken actions related to the Project to create good-paying jobs with the free and fair choice to join a union and incorporate strong labor standards but, before beginning construction of the Project, will take relevant actions described in schedule B. *(Identify the relevant actions from schedule B in the supporting narrative below.)* |
|  | The Recipient or a project partner has not taken actions related to the Project to improve good-paying jobs and strong labor standards and will not take those actions under this award. |

* 1. Supporting Narrative.

[ Insert supporting text, as described in the table above. ]

1. 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 |