



# Safe Streets and Roads for All

## How to Complete Standard Forms

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The Safe Streets and Roads for All (SS4A) 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.*

*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: 03/31/2029
  - **SF-424A Budget Information for Non-Construction Programs**
    - OMB Number: 4040-0006; Expiration Date: 06/30/2028
  - **SF-424B Assurances for Non-Construction Programs**
    - OMB Number: 4040-0007; Expiration Date: 07/31/2028
  - **SF-LLL Disclosure of Lobbying Activities**
    - OMB Number: 4040-0013; Expiration Date: 06/30/2028
- Applicants for **Implementation Grants**, including applications with supplemental planning and demonstration activities, must submit:
  - **SF-424 General Application for Federal Assistance**
    - OMB Number: 4040-0004; Expiration Date: 03/31/2029
  - **SF-424C Budget Information for Construction Programs**
    - OMB Number: 4040-0008; Expiration Date: 06/30/2028
  - **SF-424D Assurances for Construction Programs**
    - OMB Number: 4040-0009; Expiration Date: 06/30/2028
  - **SF-LLL Disclosure of Lobbying Activities**
    - OMB Number: 4040-0013; Expiration Date: 06/30/2028

# 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 [the SS4A website](#).

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

View Burden Statement		Please ensure this form is the most current version. Up to date forms can be found on the SS4A website.
<b>Application for Federal Assistance SF-424</b>		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
<b>* 3. Date Received:</b> <input type="text"/> Date of application submission	<b>4. Applicant Identifier:</b> <input type="text"/> Leave Blank	
<b>5a. Federal Entity Identifier:</b> <input type="text"/> Leave Blank	<b>5b. Federal Award Identifier:</b> <input type="text"/> Leave Blank	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <input type="text"/> Leave Blank	<b>7. State Application Identifier:</b> <input type="text"/> Leave Blank	

- **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.

<b>8. APPLICANT INFORMATION:</b>	
* a. 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.
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI: Register or check entity status in <a href="http://sam.gov">sam.gov</a> to receive an active UEI
<b>d. Address:</b>	
* Street1:	Enter address information for applicant that will undertake the assistance activity.
Street2:	
* City:	
County/Parish:	
* State:	
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	
<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Leave Blank	Leave Blank
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix:	* First Name:
Middle Name:	Enter contact information. This should be consistent with the primary contact listed in Valid Eval.
* Last Name:	
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:**
  - **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.
  - **8b. EIN/TIN:** Enter Employer/Taxpayer Identification Number (EIN/TIN).
  - **8c. UEI:** Enter applicant UEI. Register or check entity status in [sam.gov](http://sam.gov) 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.

**Application for Federal Assistance SF-424**

\* 9. Type of Applicant 1: Select Applicant Type:  
 Select from dropdown

Type of Applicant 2: Select Applicant Type:  
 [Empty dropdown menu]

Type of Applicant 3: Select Applicant Type:  
 [Empty dropdown menu]

\* Other (specify):  
 [Empty text box]

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\* 10. Name of Federal Agency:  
 Enter "U.S. Department of Transportation"

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11. Assistance Listing Number:  
 Enter "20.939"

Assistance Listing Title:  
 Enter "Safe Streets and Roads for All"

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\* 12. Funding Opportunity Number:  
 Enter "DOT-SS4A-FY26-01"

\* 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-FY26-01".
- **12: Title:** Enter "Safe Streets and Roads for All".

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

- **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.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
 \* a. Applicant  \* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**  
 \* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	Federal Request from SS4A Program. Must match amount in SF-424A or SF-424C, Supp. Budget & ValidEval.
* b. Applicant	Non-Federal Applicant Match. Must match amount in SF-424A or SF-424C, Supp. Budget & ValidEval.
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	Total Project Cost. Must reflect total in SF-424A or SF-424C, Supp. Budget & ValidEval

**\*please note all funding estimates should be whole dollar amounts.**

- **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: [https://apply07.grants.gov/apply/forms/instructions/SF424\\_4\\_0-V4.0-Instructions.pdf](https://apply07.grants.gov/apply/forms/instructions/SF424_4_0-V4.0-Instructions.pdf)

- **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](http://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**
  - **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.
  - **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.
  - **18c: State:** Enter amount of State funded match if applicable.
  - **18d: Local:** Enter amount of other local match if applicable.
  - **18e: Other:** Enter amount of any other match if applicable.
  - **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](http://instructions.on.Grants.gov).

<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	No, this program is not covered by E.O. 12372.
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="button" value="Yes/No Required"/>	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> ** I AGREE	<input type="button" value="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.	
<b>Authorized Representative:</b>	Required. Authorized Representative section should be filled and signed by someone within the local entity.
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"/>
Please sign with an Adobe digital signature OR with a wet signature. Simply typing your name in the box will NOT be accepted	

- **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 [SS4A website](#).

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

View Burden Statement		BUDGET INFORMATION - Non-Construction Programs					Please ensure this form is the most current version. Up to date forms can be found on the SS4A website.
SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget			
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1. "Safe Streets and Roads for All"	"20.939"	\$ Leave Blank	\$ Leave Blank	\$ [ ]	\$ [ ]	\$ [ ]	Total Project Cost [1.(e) + 1.(f)]
2.							
3.	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 SF424 General.						
4.							
5. Totals		\$ Leave Blank	\$ Leave Blank	\$ Same as 1.(e)	\$ Same as 1.(f)	\$ Same as 1.(g)	

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

- **1(d): Estimated Unobligated Funds – Non-Federal:** Leave blank.
- **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).
- **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.
  - **5(c):** Leave blank.
  - **5(d):** Leave blank.
  - **5(e):** Same as 1(e).
  - **5(f):** Same as 1(f).
  - **5(g):** Same as 1(g).

SECTION B - BUDGET CATEGORIES							
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)		
	(1)	(2)	(3)	(4)			
	"Safe Streets and Roads for All"	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 SF424 General.					
a. Personnel	\$ <input type="text"/>				\$	\$	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>						<input type="text"/>
c. Travel	<input type="text"/>						<input type="text"/>
d. Equipment	<input type="text"/>						<input type="text"/>
e. Supplies	<input type="text"/>						<input type="text"/>
f. Contractual	<input type="text"/>						<input type="text"/>
g. Construction	<input type="text"/>						<input type="text"/>
h. Other	<input type="text"/>						<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>						\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>				<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>				Budget Total must equal 5(g) from the first page of this document.		\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>				\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

- **Section B: Budget Categories**
  - 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"
  - **1(a) – 1(j):** Enter amounts as applicable for your project.
  - **1(k) Totals:** Budget Total must equal 5(g) from the first page of this document.

- **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				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$ Equal to 5.(f)

- **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					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$				
14. Non-Federal	\$	Leave Section D Blank			
15. TOTAL (sum of lines 13 and 14)	\$				
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b)First	(c) Second	(d) Third	(e) Fourth	
16.	Leave Section E Blank				
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

- **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.

## 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 [SS4A website](#).

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

BUDGET INFORMATION - Construction Programs			
NOTE: 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.			
COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4. Architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Construction	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
10. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
11. Miscellaneous	Line 11 can list Supplemental Planning and/or non-construction demonstration projects, if applicable.		
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
13. Contingencies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. SUBTOTAL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>FEDERAL FUNDING</b>			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X <input type="text" value="80% or less"/>		\$ <input type="text" value="Total Federal share requested"/>

- **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 [instructions on Grants.gov](#).
  - **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:**
  - Enter the percentage share of the total project cost that is being requested (cannot exceed 80%).

- Multiply the total project cost in 16(c) by the Federal percentage share to calculate total Federal assistance requested. Note that the form will auto-calculate this amount, rounding down to the nearest dollar to meet program requirements that the Federal request amount must be a whole dollar amount. If needed, you can type an alternate number into this box, but you will need to confirm that you are choosing to ignore the calculated value.

## 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 [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.

## 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 [SS4A website](#).

## Recommendations to Complete Form Fields for SF-LLL

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="Enter Applicant name and address"/> * Street 1 <input type="text" value="Enter Applicant name and address"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Congressional District, if known: <input type="text"/>					
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>					
<b>6. * Federal Department/Agency:</b> <input type="text" value="Office of the Secretary of Transportation"/>			<b>7. * Federal Program Name/Description:</b> <input type="text" value="Safe Streets and Roads for All"/> CFDA Number, if applicable: <input type="text" value="20.939"/>		
<b>8. Federal Action Number, if known:</b> <input type="text" value="Leave blank"/>			<b>9. Award Amount, if known:</b> \$ <input type="text" value="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".
  - 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 address if applicable Middle Name   
 \* Last Name  Suffix   
 \* Street 1  Enter N/A if your entity does not have a Federal lobbyist. Form should be completed regardless of whether entity has a lobbyist or not.  
 \* City

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**b. Individual Performing Services** (including address if different from No. 10a)

Prefix  \* First Name  Middle Name   
 \* Last Name  Suffix   
 \* Street 1  Street 2   
 \* City  State  Zip

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**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:

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Standard Form - LLL (Rev. 7-97)

Note the 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.