

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Dyersville

* b. Employer/Taxpayer Identification Number (EIN/TIN):

42-6004612

* c. UEI:

620560180000

d. Address:

* Street1:

340 1st Avenue E

Street2:

* City:

Dyersville

County/Parish:

* State:

IA: Iowa

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

52040-1203

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Mick

Middle Name:

* Last Name:

Michel

Suffix:

Title:

City Administrator

Organizational Affiliation:

City of Dyersville

* Telephone Number:

563-875-7724

Fax Number:

563-875-8238

* Email:

mmichel@cityofdyersville.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

DOT OSDBU

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

DTOS59-25-RA-RAISE

* Title:

FY 2025 National Infrastructure Investments

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Enhancing Multimodal Connections in Dyersville

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

IA-01

* b. Program/Project

IA-01

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

6/01/2026

* a. Start Date:

01/01/2025

* b. End Date:

12/31/2029

18. Estimated Funding (\$):

* a. Federal

\$25,000,000

* b. Applicant

\$4,181,500

* c. State

0

* d. Local

0

* e. Other

0

* f. Program Income

0

* g. TOTAL

\$29,181,500

*** 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.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** 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:

Prefix:

Mr.

* First Name:

Mick

Middle Name:

* Last Name:

Michel

Suffix:

* Title:

City Administrator

* Telephone Number:

563-875-7724

Fax Number:

* Email:

mmichel@cityofdyersville.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.