

## 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:**

DTOS59-24-RA-RAISE

\* Title:

FY 2024 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:**

\* a. Start Date:

01/01/2025

6/01/2024

\* b. End Date:

12/31/2029

3/1/2028

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

\* a. Federal

\$25,000,000

\* b. Applicant

\$4,868,500

\* c. State

0

\* d. Local

0

\* e. Other

0

\* f. Program Income

0

\* g. TOTAL

\$29,868,500

**\* 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.