

| Application for Federal Assistance SF-424 | | |
|---|---|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <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"/> |
| * 3. Date Received: 04/14/2022 | 4. Applicant Identifier: <input type="text"/> | |
| 5a. Federal Entity Identifier: 613745322 | 5b. Federal Award Identifier: <input type="text"/> | |
| State Use Only: | | |
| 6. Date Received by State: <input type="text"/> | 7. State Application Identifier: <input type="text"/> | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: Civil Town of Munster | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 35-600-1128 | * c. UEI: REC9GLLHKF21 | |
| d. Address: | | |
| * Street1: 1005 Ridge Road | <input type="text"/> | |
| Street2: | <input type="text"/> | |
| * City: Munster | <input type="text"/> | |
| County/Parish: | <input type="text"/> | |
| * State: IN: Indiana | <input type="text"/> | |
| Province: | <input type="text"/> | |
| * Country: USA: UNITED STATES | <input type="text"/> | |
| * Zip / Postal Code: 46321-1849 | <input type="text"/> | |
| e. Organizational Unit: | | |
| Department Name: <input type="text"/> | Division Name: <input type="text"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <input type="text"/> | * First Name: Dustin | |
| Middle Name: <input type="text"/> | <input type="text"/> | |
| * Last Name: Anderson | <input type="text"/> | |
| Suffix: <input type="text"/> | <input type="text"/> | |
| Title: Town Manager | | |
| Organizational Affiliation: Town of Munster | | |
| * Telephone Number: 219 836 6905 | Fax Number: <input type="text"/> | |
| * Email: danderson@munster.org | | |

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

C: 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:**

US DOT

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

*** 12. Funding Opportunity Number:**

DTOS59-22-RA-RAISE

* Title:

FY 2022 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:**

Munster's Ridge Road Complete Street Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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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 | <input type="text" value="17,143,321.00"/> |
| * b. Applicant | <input type="text" value=""/> |
| * c. State | <input type="text" value=""/> |
| * d. Local | <input type="text" value="4,285,830.00"/> |
| * e. Other | <input type="text" value=""/> |
| * f. Program Income | <input type="text" value=""/> |
| * g. TOTAL | <input type="text" value="21,429,151.00"/> |

*** 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

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 218, 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:

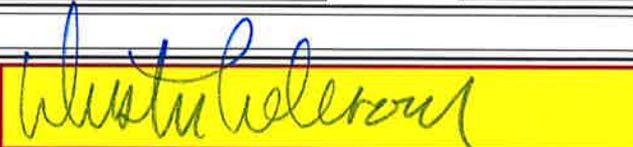
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

