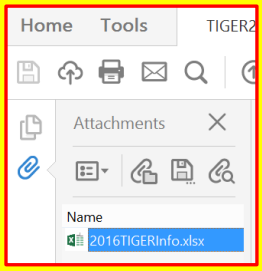
GRANTS.GOV ATTACHMENT & FIELD LEVEL INSTRUCTIONS

Important Information:

- This document contains the RAISE FY 2024 Program "agency instructions" referenced in the SF-424.
- Applications are due February 28, 2024 at 11:59:59PM Eastern.
- You must download the Grants.Gov application package and submit both the "Application for Federal Assistance (SF-424)" along with the "Attachments" including the RAISE Project Information Form "FY 2024 RAISE Project Information Form.xlsx" file (found at https://www.transportation.gov/RAISEgrants/RAISE-info) to have a complete application package.
- Required fields are noted by "(Required)" and are highlighted in yellow with a red border.
- Grants.gov technical support is available:
  - Online: http://www.grants.gov/web/grants/support.html
  - By phone (24 hours a day, 7 days a week): 1-800-518-4726
  - By email: support@grants.gov

Attachments Form, Application for Federal Assistance (SF-424)	
Item	***Entry***
1-15	1. **Attachments:** (Required) This is where you will attach your full application narrative, etc., as indicated in the Notice of Funding Opportunity (NOFO). **File names for your attachments must be less than 10 characters.** For example, "narrative" for the full application narrative file. Attachments can be either Word files (.doc or .docx), portable documents (.pdf), or Excel files (.xls or .xlsx)). **Do not submit scanned copies of printed files or images** unless they are supporting documentation (e.g., Federal Wage Certificates and Letters of Support). 2. You must include the RAISE 2024 Project Information attachment (FY 2024 Project Information Form.xlsx) that is provided at https://www.transportation.gov/RAISEgrants/RAISE-info and also attached to these instructions. You will find the attachment by highlighting the paperclip. You can then save the file to your desktop:  **Do not rename the file**. Once you have completed the Excel worksheet and input your information, please attach your FY 2024 Project Information Form.xlsx file to the Grants.Gov Attachments form to submit with your RAISE application. This form must be submitted as an Excel file – please do not PDF the form. **YOUR APPLICATION IS NOT COMPLETE UNLESS ALL APPLICATION FILES (as per the NOFO and Grants.Gov) ARE ATTACHED.**

Application for Federal Assistance (SF-424) 4040-0004	
Item	***Entry***
1.	**Type of Submission:** (Required) Select one type of submission in accordance with agency instructions. ▪ Application ▪ Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application (unless requested by the agency, applicants may not use this form to submit changes after the closing date)
2.	**Type of Application**: (Required) Select one type of application in accordance with agency instructions. ▪ **New – *All applicants are considered "New" and should select "New"***
3.	**Date Received:** Leave this field blank. This date is completed by Grants.Gov upon submission.
4.	**Applicant Identifier:** Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.
5a.	**Federal Entity Identifier**: Enter the number assigned to your organization by the federal agency, if any.
5b.	**Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.
6.	**Date Received by State:** Leave this field blank. This is not applicable to RAISE Grant applications.
7.	**State Application Identifier:** Leave this field blank. This is not applicable to RAISE Grant applications.
8.	**Applicant Information**: Enter the following in accordance with agency instructions: a. **Legal Name**: (Required) Enter the legal name of the applicant that will undertake the assistance activity. The lead applicant needs to be registered with the System for Award Management (SAM). Information on registering with SAM is available at https://www.grants.gov/web/grants/applicants/organization-registration/step-2-register-with-sam.html or https://www.sam.gov/portal/public/SAM/. b. **Employer/Taxpayer Number (EIN/TIN):** (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. c. ***Organizational Unique Entity Identifier***: (Required) Enter the organization's 12-character UEI received from the System for Award Management. Information on obtaining a UEI is available at https://sam.gov/content/duns-uei. d. **Address**: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required), Country (Required), 9-digit zip/postal code (Required). e. **Organizational Unit:** Enter the name of the primary organizational unit, department or division that will undertake the assistance activity. f. **Name and contact information of person to be contacted on matters involving this application:** Enter the first and last names (Required), prefix, middle name, suffix, and title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Enter the contact's telephone number and email address (Required) and fax number.

Application for Federal Assistance (SF-424) 4040-0004	
Item	***Entry***
9.	**Type of Applicant:** (Required) Select up to three applicant types in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501c# IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-US Entity X. Other (specify)
10.	**Name Of Federal Agency**: (Required) Enter the name of the federal agency, or agencies, from which assistance is being requested with this application.
11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number (20.933) and title (Assistance Listing) of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number (DTOS59-243-RA-RAISE) and title (FY 2024 National Infrastructure Investments) of the opportunity under which assistance is requested, as found in the program announcement.
13.	**Competition Identification Number/Title:** Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
14.	**Areas Affected By Project:** You can use this field to list project locations (town, city, etc.).
15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project.

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Item	***Entry***
16.	**Congressional Districts Of**: 16a. (Required) Enter the applicant's congressional district. 16b. Enter all district(s) affected by the program or project. Enter in the following format: two-character state abbreviation – three-character district number, e.g., CA-05 for California 5th district, CA-12 for California 12 district, NC-03 for North Carolina's 03 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If effects are nationwide, i.e., all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts if needed.
17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
18.	**Estimated Funding:** (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable.
19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** (Required**)** For the RAISE program, select box C: Program is not covered by E.O. 12372.
20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include, but may not be limited to, delinquent audit disallowances, loans, and taxes. If yes, include an explanation in an attachment.
21.	**Authorized Representative**: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last names (Required), prefix, middle name, and suffix. Enter title, telephone number, and email (Required), and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)