

Application for Federal Assistance SF-424		Version 02
<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> <b>* If Revision, select appropriate letter(s)</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <b>*Other (Specify)</b> _____ <input type="checkbox"/> Revision
<b>3. Date Received:</b>		<b>4. Applicant Identifier:</b> 414964-8-22-01
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>*a. Legal Name:</b> Florida Department of Transportation		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-6001874		<b>*c. Organizational DUNS:</b>
<b>d. Address:</b>		
<b>*Street 1:</b> <u>605 Suwannee Street</u> <b>Street 2:</b> _____ <b>*City:</b> <u>Tallahassee</u> <b>County:</b> <u>Leon</u> <b>*State:</b> <u>Florida</u> <b>Province:</b> _____ <b>*Country:</b> <u>United States</u> <b>*Zip / Postal Code</b> <u>32399-0450</u>		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Florida Department of Transportation		<b>Division Name:</b> Office of Design
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> <u>Mr.</u> <b>*First Name:</b> <u>Dat</u> <b>Middle Name:</b> _____ <b>*Last Name:</b> <u>Huynh</u> <b>Suffix:</b> <u>P.E.</u>		
<b>Title:</b> District Six Planning & Environmental Administrator		
<b>Organizational Affiliation:</b>		
<b>*Telephone Number:</b> 305-470-5201		<b>Fax Number:</b>
<b>*Email:</b> dat.huynh@dot.state.fl.us		

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<b>*9. Type of Applicant 1: Select Applicant Type:</b> A Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Transportation	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>20-205</u> CFDA Title: <u>Highway Planning and Construction</u>	
<b>*12 Funding Opportunity Number:</b>   *Title:  	
<b>13. Competition Identification Number:</b>   Title:  	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Miami-Dade County, Florida	
<b>*15. Descriptive Title of Applicant's Project:</b> I-95/SR 9A from South of NW 62 <sup>nd</sup> Street to NW 143 <sup>rd</sup> Street, FM #414964-8-22-01	

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**16. Congressional Districts Of:**

\*a. Applicant: FL-2

\*b. Program/Project: FL-24

**17. Proposed Project:**

\*a. Start Date: 11/2019

\*b. End Date: 11/2021

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

\*a. Federal \_\_\_\_\_ TBD  
\*b. Applicant \_\_\_\_\_  
\*c. State \_\_\_\_\_ TBD  
\*d. Local \_\_\_\_\_  
\*e. Other \_\_\_\_\_  
\*f. Program Income \_\_\_\_\_  
\*g. TOTAL \_\_\_\_\_ TBD

**\*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 11/20/2019.  
☐ 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.)**

☐ Yes ☒ No

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: Mr. \*First Name: Dat  
Middle Name: \_\_\_\_\_  
\*Last Name: Huynh  
Suffix: P.E.

\*Title: District Six Planning & Environmental Administrator

\*Telephone Number: 305-470-5201

Fax Number: \_\_\_\_\_

\* Email: dat.huynh@dot.state.fl.us

\*Signature of Authorized Representative: 

\*Date Signed: 11/20/19

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.