

Application for Federal Assistance SF-424

Version 02

*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:

4. Applicant Identifier:

445804-1-22-01

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: Florida Department of Transportation

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

59-6001874

*c. Organizational DUNS:

d. Address:*Street 1: 605 Suwannee Street

Street 2: _____

*City: TallahasseeCounty: Leon*State: Florida

Province: _____

*Country: United States*Zip / Postal Code 32399-0450**e. Organizational Unit:**

Department Name:

Florida Department of Transportation

Division Name:

Office of Design

f. Name and contact information of person to be contacted on matters involving this application:Prefix: Mr.*First Name: Dat

Middle Name: _____

*Last Name: HuynhSuffix: P.E., CSMTitle: District Six Planning & Environmental Administrator

Organizational Affiliation:

*Telephone Number: 305-470-5201

Fax Number:

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

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

A

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:20-205

CFDA Title:

Highway Planning and Construction***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Miami-Dade County, Florida

***15. Descriptive Title of Applicant's Project:**SR 994/SW 200th Street/Quail Roost Drive from West of SW 137th Avenue to East of SW 127th Avenue, FM #445804-1-22-01

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16. Congressional Districts Of:

*a. Applicant: FL-2

*b. Program/Project: FL-26

17. Proposed Project:

*a. Start Date: 06/2020

*b. End Date: 06/2022

18. Estimated Funding (\$):

*a. Federal	TBD
*b. Applicant	
*c. State	
*d. Local	TBD
*e. Other	
*f. Program Income	
*g. TOTAL	\$590,000 (PD&E) \$650,000 (Design)

***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 06/04/2020.
- ☐ 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., CSM

*Title: District Six Planning & Environmental Administrator

*Telephone Number: 305-470-5201

Fax Number: 305-470-5205

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

*Signature of Authorized Representative: 

*Date Signed: 6/4/2020

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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.