

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:

09/28/2023

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:

Durham County Government

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

47-5605637

* c. UEI:

LJ5BA6U2HLM7

d. Address:

* Street1:

200 E. Main Street

Street2:

* City:

Durham

County/Parish:

* State:

NC: North Carolina

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

27701-3649

e. Organizational Unit:

Department Name:

Transportation Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Ryan

Middle Name:

D.

* Last Name:

Eldridge

Suffix:

Title:

Transportation Planner

Organizational Affiliation:

* Telephone Number:

984-220-1226

Fax Number:

* Email:

reldridge@dconc.gov

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

B: County Government

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:

#20.940/#20.205

CFDA Title:

Reconnecting Communities Pilot (RCP) Discretionary Grant Program/Highway Planning and Construction

*** 12. Funding Opportunity Number:**

DOT-RCP-FY23-01/DOT-NAE-FY23-01

* Title:

Reconnecting Communities and Neighborhoods (RCN) Program

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:**

Durham to Roxboro Rail Trail Study -- project to study the conversion of an existing rail corridor between Durham, NC and Roxboro, NC into a rail trail for non-vehicular transportation.

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="400,000.00"/>
* b. Applicant	<input type="text" value="33,334.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="33,333.00"/>
* e. Other	<input type="text" value="33,333.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

* 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 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.

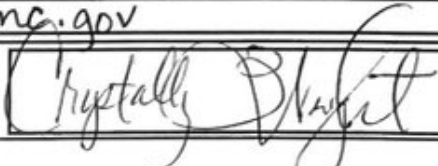
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: