

Grant Application Package

Opportunity Title:	FY 2014 National Infrastructure Investments
Offering Agency:	U.S. Department of Transportation
CFDA Number:	20.933
CFDA Description:	National Infrastructure Investments
Opportunity Number:	DTOS59-14-RA-TIGER6
Competition ID:	TIGER6-FY14
Opportunity Open Date:	04/03/2014
Opportunity Close Date:	04/28/2014
Agency Contact:	Howard Hill TIGER Program Staff Contact E-mail: howard.hill@dot.gov Phone: 202-366-0301

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: 16th Street Multimodal Corridor Project

Select Forms to Complete

Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Attachments](#)

Optional

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

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"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco Municipal Transportation Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1160893	* c. Organizational DUNS: <input type="text"/> 9566174350000
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d. Address:

* Street1:	<input type="text"/> 1 South Van Ness Avenue, 8th Floor
Street2:	<input type="text"/>
* City:	<input type="text"/> San Francisco
County/Parish:	<input type="text"/>
* State:	<input type="text"/> CA: California
Province:	<input type="text"/>
* Country:	<input type="text"/> USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/> 94103-5418

e. Organizational Unit:

Department Name: <input type="text"/> Capital Procurement & Mgmt	Division Name: <input type="text"/> Finance & Info Technology
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/> Mr.	* First Name: <input type="text"/> Joel
Middle Name: <input type="text"/> Cutler	
* Last Name: <input type="text"/> Goldberg	
Suffix: <input type="text"/>	

Title: Manager, Capital Procurement & Management

Organizational Affiliation:

* Telephone Number: <input type="text"/> 415.701.4499	Fax Number: <input type="text"/>
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* Email: joel.goldberg@sfmta.com

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Transportation Dept / Transit

*** 10. Name of Federal Agency:**

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

San Francisco 16th Street Multimodal Corridor Project: A Ladder of Opportunity Complete Street Upgrade Electrifying High Volume Transit Line Through Multiple Neighborhoods to High Growth Areas

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,348,614.00"/>
* b. Applicant	<input type="text" value="5,000,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="36,490,000.00"/>
* e. Other	<input type="text" value="300,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="67,138,614.00"/>

*** 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

Add Attachment

Delete Attachment

View Attachment

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:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	SFMTA 14-0425 Cover letter to	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	FINAL 16th Narrative Plus.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	16thStreetBCA.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment