

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:

Completed by Grants.gov upon submission.

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:

City of Pendleton

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

93-6002232

* c. UEI:

ZFAFN1E3PMC6

d. Address:

* Street1:

Pendleton City Hall, 500 SW Dorion Ave

Street2:

* City:

Pendleton

County/Parish:

* State:

Oregon

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

97801

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Tim

Middle Name:

* Last Name:

Simons

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

541-966-0242

Fax Number:

* Email:

Tim.Simons@ci.pendleton.or.us

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

City or Township 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:

20.933

CFDA Title:

*** 12. Funding Opportunity Number:**

DOT-NAE-FY23-01

* Title:

Neighborhood Access and Equity (NAE) Reconnecting Communities Program
Department of Transportation

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:**

I-84/US 395 Southgate Interchange Improvements Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant **OR-002**

* b. Program/Project **OR-002**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **1/1/2024**

* b. End Date: **9/1/2029**

18. Estimated Funding (\$):

* a. Federal	\$39,750,000
* b. Applicant	\$2,000,000
* c. State	\$0
* d. Local	\$250,000
* e. Other	
* f. Program Income	
* g. TOTAL	\$42,000,000

*** 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 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: **Linda**

Middle Name:

* Last Name: **Carter**

Suffix:

* Title: **Finance Director**

* Telephone Number: **(541) 966-0031** Fax Number:

* Email: **linda.carter@ci.pendleton.or.us**

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.