INSTRUCTIONS FOR THE TIGER Discretionary Grant SF-424 4040-0004 & Attachment Forms

GRANTS.GOV FIELD LEVEL INSTRUCTIONS

Required fields are noted by (Required) and are highlighted in grey

You must submit both the "Application for Federal Assistance (SF-424)" and the "Attachments" forms to have a complete application package.

Attachments Form	
Item:	***Entry:***
1-15	**Attachments:** (Required) This is where you will attach your full application narrative, etc., as indicated in the notice of funding availability (NOFA) for the TIGER Discretionary Grant Program. TIGER NOFA: http://www.dot.gov/docs/FY11_TIGER_NOFA.pdf Please attach your various application files as indicated in the Application Requirements sections of the Notice of Funding Availability for the Department of Transportation's National Infrastructure Investments Under the Full-Year Continuing Appropriations, 2011 [Docket No. DOT–OST–2011–0107]. Further related information is available at http://www.dot.gov/tiger/index.html **File names for your attachments must be less than 10 characters. For example, "narrative" for the full application narrative file and "CBA" for cost benefit, etc.** **Attachments can be either word files (.doc or .docx), portable documents (.pdf), Excel files (.xls or .xlsx), or maps/pictures/GIS shapefiles (.jpg/.jpeg/.gif/.shp, etc). GIS Shapefiles (.shp) are preferred for spatial information. DO NOT SUBMIT SCANNED COPIES OF PRINTED FILES UNLESS IT IS SUPPORTING DOCUMENTATION such as signed Federal Wage Certificates, Letters of Support, etc.** **YOUR APPLICATION IS NOT COMPLETE UNLESS APPLICATION FILES (as per the NOFA) ARE ATTACHED.**

Application for Federal Assistance (SF-424) 4040-0004	
Item:	***Entry:***
1.	**Type of Submission:** (Required) Select one type of submission in accordance with agency instructions. • Pre-application (Applicants should not select this field as pre-applications were already collected. If a pre-application was not submitted for a project, an application for that project will not be evaluated) • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.
2.	**Type of Application**: (Required) Select one type of application in accordance with agency instructions. • **New –*All applicants for this round of TIGER Discretionary Grant funds are considered "New" and should, therefore, be selected.***
3.	**Date Received:** Leave this field blank. This date is completed by Grants.Gov upon submission.
4.	**Applicant Identifier:** Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. This should be your applicant name as known to the DOT.
5a.	**Federal Entity Identifier**: Enter the number assigned to your organization by the federal agency, if any.

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Item:	***Entry:***
5b.	**Federal Award Identifier**: (Required) **IMPORTANT - REQUIRED BY THE DEPARTMENT OF TRANSPORTATION!!!** Enter the "**TIGER ID**" as provided for all completed pre-applications. The "**TIGER ID**" is the unique set of characters/numbers that was created for each pre-application that was submitted through http://tiger3preapp.deloittefed.com. The "**TIGER ID**" needs to be entered in this field in the SF424 4040-0004 ***exactly*** as it was provided in the pre-application site. If you did not submit a pre-application and obtain the corresponding **TIGER ID** that is unique to each project, your application package will not be considered complete. The process for submitting a pre-application closed on October 3, 2011. For more information see http://www.dot.gov/tiger/index.html**.**
6.	**Date Received by State:** Leave this field blank. This is not applicable to TIGER Grant applications.
7.	**State Application Identifier:** Leave this field blank. This is not applicable to TIGER Grant applications.
8.	**Applicant Information**: Enter the following in accordance with agency instructions: a. **Legal Name**: (Required) Enter the legal name of applicant that will undertake the assistance activity. The lead applicant needs to be registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov. b. **Employer/Taxpayer Number (EIN/TIN):** (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. c. **Organizational DUNS**: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov. d. **Address**: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required), Country (Required), 9-digit zip/postal code (Required). e. **Organizational Unit:** Enter the name of the primary organizational unit, department or division that will undertake the assistance activity. f. **Name and contact information of person to be contacted on matters involving this application:** Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.
9.	**Type of Applicant:** (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)
10.	**Name Of Federal Agency**: (Required) Enter the name of the federal agency, or agencies, from which assistance is being requested with this application.

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Item:	***Entry:***
11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	**Competition Identification Number/Title:** Leave this field blank. This is not applicable to TIGER Grant applications.
14.	**Areas Affected By Project:** Leave this field blank. This is not applicable to TIGER Grant applications.
15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project.
16.	**Congressional Districts Of**: 16a. (Required) Enter the applicant's congressional district. 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
18.	**Estimated Funding:** (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** (Required**)** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.
21.	**Authorized Representative**: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)