

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

007

* b. Program/Project

007

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2023

* b. End Date:

12/31/2027

18. Estimated Funding (\$):

* a. Federal

87,538,877.60

* b. Applicant

20,484,719.40

* c. State

* d. Local

1,400,000.00

* e. Other

* f. Program Income

* g. TOTAL

109,423,597.00

*** 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

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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:

Ms.

* First Name:

Elizabeth

Middle Name:

* Last Name:

Prestwood

Suffix:

* Title:

Policy and Innovation Program Manager

* Telephone Number:

(417) 829-8016

Fax Number:

* Email:

Elizabeth.Prestwood@modot.mo.gov

* Signature of Authorized Representative:

* Date Signed:

05/20/2022

