

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	DTOS59-19-RA-BUILD
Opportunity Title:	FY 2019 National Infrastructure Investments
Opportunity Package ID:	PKG00250152
CFDA Number:	20.933
CFDA Description:	National Infrastructure Investments
Competition ID:	BUILD-FY19
Competition Title:	FY19 BUILD GRANT
Opening Date:	04/16/2019
Closing Date:	07/15/2019
Agency:	Department of Transportation
Contact Information:	Shira Bergstein BUILD Program Manager E-mail: shira.bergstein@dot.gov Phone: 202-366-1999

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00337571
Application Filing Name:	VTrans & NHDOT 2019 BUILD Grant
DUNS:	8085916970000
Organization:	TRANSPORTATION, NEW HAMPSHIRE DEPARTMENT OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Jul 05, 2019 08:47:03 AM EDT
Form State:	No Errors

FORM ACTIONS:

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:

New Hampshire Department of Transportation

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

02-60000618

* c. Organizational DUNS:

8085916970000

d. Address:

* Street1:

7 Hazen Drive

Street2:

PO Box 483

* City:

Concord

County/Parish:

* State:

NH: New Hampshire

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

03302-0483

e. Organizational Unit:

Department Name:

Department of Transportation

Division Name:

Bridge Design

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

Prefix:

Mr.

* First Name:

Robert

Middle Name:

* Last Name:

Landry

Suffix:

Title:

Administrator, Bureau of Bridge Design

Organizational Affiliation:

New Hampshire Department of Transportation

* Telephone Number:

603.271.3921

Fax Number:

603.271.7025

* Email:

Robert.Landry@dot.nh.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-19-RA-BUILD

* Title:

FY 2019 National Infrastructure Investments

13. Competition Identification Number:

BUILD-FY19

Title:

FY19 BUILD GRANT

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

Location map 17feb17.pdf

Add Attachment

Delete Attachment

View Attachment

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

VT/NH Route 119 new bypass bridge and the rehabilitation of two historic trusses over the Connecticut River between Hinsdale, NH and Brattleboro, Vermont

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="2,536,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="10,000,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="17,464,000.00"/>
* f. Program Income	<input type="text" value="20,000,000.00"/>
* g. TOTAL	<input type="text" value="50,000,000.00"/>

*** 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

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:

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00342150
Application Filing Name:	VTrans & NHDOT 2019 BUILD Grant
DUNS:	8085916970000
Organization:	TRANSPORTATION, NEW HAMPSHIRE DEPARTMENT OF
Form Name:	Attachments
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Jul 11, 2019 05:23:54 PM EDT
Form State:	No Errors

FORM ACTIONS:

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	Hinsdale BUILD Commissioner]	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Executive Summary.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Project Narrative.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	BCA Narrative.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	BCA Appendices.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Certificate of Compliance D-I	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	Certificate of Compliance D-I	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	Build Grant EstimateReport 6-	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	Cost Update 062119.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	Location map.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	Hinsdale 2019 Build LOS.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	Hinsdale__041-040 Inspection	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	Hinsdale__041-040.pdf	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	Hinsdale__042-044 Inspection	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	Hinsdale__042-044.pdf	Add Attachment	Delete Attachment	View Attachment