

MPDG-National Infrastructure Project Assistance - Mega 2022 Required Forms

ATTACHMENT B

680 FORWARD



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"/>
--	--	--

* 3. Date Received: <input type="text" value="05/23/2022"/>	4. Applicant Identifier: <input type="text" value="XCKQJHZ2Y3R4"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-3348123"/>	* c. Organizational DUNS: <input type="text" value="7911440790000"/>
--	---

d. Address:

* Street1:	<input type="text" value="2999 Oak Rd # 100"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Walnut Creek"/>
County/Parish:	<input type="text" value="Contra Costa"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="94597-2011"/>

e. Organizational Unit:

Department Name: <input type="text" value="Programming"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Hisham"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Noeimi"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Director, Programming"/>	

Organizational Affiliation:

* Telephone Number: <input type="text" value="(925) 256-4735"/>	Fax Number: <input type="text" value="(925) 256-4701"/>
---	---

* Email:

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department Of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.937

CFDA Title:

National Infrastructure Project Assistance (Mega Projects)

*** 12. Funding Opportunity Number:**

NIPA-22-MEGA-22

* Title:

Mega Grants
Department of Transportation
69A345 Office of the Under Secretary for Policy

13. Competition Identification Number:

PKG00273249

Title:

CCTA 680 Forward Program

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

Eb2-BayArea Global Gateways Map - 680 Forwar

Add Attachment

Delete Attachment

View Attachment

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

CCTA 680 Forward Program

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="394,880,000.00"/>
* b. Applicant	<input type="text" value="8,362,000.00"/>
* c. State	<input type="text" value="158,654,000.00"/>
* d. Local	<input type="text" value="322,256,000.00"/>
* e. Other	<input type="text" value="22,104,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="906,256,000.00"/>

*** 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

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:

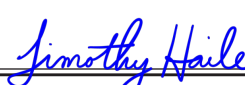
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text" value="24,210,000.00"/>	\$ <input type="text" value="140,000.00"/>	\$ <input type="text" value="24,070,000.00"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4. Architectural and engineering fees	\$ <input type="text" value="108,824,000.00"/>	\$ <input type="text" value="33,919,000.00"/>	\$ <input type="text" value="74,905,000.00"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Construction	\$ <input type="text" value="640,221,000.00"/>	\$ <input type="text" value="4,121,000.00"/>	\$ <input type="text" value="636,100,000.00"/>
10. Equipment	\$ <input type="text" value="12,432,000.00"/>	\$ <input type="text"/>	\$ <input type="text" value="12,432,000.00"/>
11. Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text" value="785,687,000.00"/>	\$ <input type="text" value="38,180,000.00"/>	\$ <input type="text" value="747,507,000.00"/>
13. Contingencies	\$ <input type="text" value="158,749,000.00"/>	\$ <input type="text"/>	\$ <input type="text" value="158,749,000.00"/>
14. SUBTOTAL	\$ <input type="text" value="944,436,000.00"/>	\$ <input type="text" value="38,180,000.00"/>	\$ <input type="text" value="906,256,000.00"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text" value="944,436,000.00"/>	\$ <input type="text" value="38,180,000.00"/>	\$ <input type="text" value="906,256,000.00"/>
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X <input type="text" value="44"/> % Enter the resulting Federal share.			\$ <input type="text" value="398,752,640.00"/>