

Grant Application Package

Print

Cancel

Opportunity Title:	INFRA Grants					
Offering Agency:	Department of Transportation					
CFDA Number:	20.934					
CFDA Description:	Nationally Significant Freight and Highway Projects					
Opportunity Number:	NSFHP-17-18-INFRA					
Competition ID:						
Opportunity Open Date:	08/02/2017					
Opportunity Close Date:	11/02/2017					
Agency Contact:	Robert Mariner Senior Policy Analys E-mail: robert.marin Phone: 202-366-8914					

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Mound Road Industrial Corridor Technology and Innovation Project

Select Forms to Complete

Save & Submit Save Check Package for Errors Mandatory Application for Federal Assistance (SF-424) **Attachments** Budget Information for Construction Programs (SF-424C)

Optional

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

View Burden Statement

OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424											
* 1. Type of Submission Preapplication Application Changed/Corre	n: cted Application	× Ne	€W		evision, er (Spe	select approp	oriate letter((s):			
* 3. Date Received: Completed by Grants.gov	4. Applicant Identifier: pon submission.										
5a. Federal Entity Idea	ntifier:			5b	. Fede	ral Award Ide	ntifier:			7	
State Use Only:											
6. Date Received by St	tate:		7. State Application Id	lentifi	er:						
8. APPLICANT INFO	ORMATION:										
* a. Legal Name: Ma	acomb County,	Michig	an								
* b. Employer/Taxpaye	r Identification Numb	er (EIN/T	IN):		•	nizational DUN	IS:				
d. Address:				•							
* Street1: Street2:	117 S Groesbeck										
* City: County/Parish:	Mount Clemens						_				
* State: Province:	MI: Michigan										
* Country: * Zip / Postal Code:	USA: UNITED STATES 48043-2183										
e. Organizational Unit:											
Department Name:	Roads				vision I lanni	Name: .ng Divisi	on				
f. Name and contac	t information of p	erson t	o be contacted on n	natte	rs inv	olving this	applicatio	on:			
Prefix: Middle Name: * Last Name: Suffix: **Cruit	mm		* First Name	:	Johr	n					
Title: Director of Planning											
Organizational Affiliati		Roads_								7	
* Telephone Number: 586-469-5285 Fax Number: 586-463-8682											
*Email: jcrumm@r	cmcweb.org										

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:
Department of Transportation
11. Catalog of Federal Domestic Assistance Number:
20.934
CFDA Title:
Nationally Significant Freight and Highway Projects
* 12. Funding Opportunity Number:
NSFHP-17-18-INFRA
* Title:
INFRA Grants
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Areas Affected.pdf Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Mound Road Industrial Corridor Technology and Innovation Project
Attach supporting documents as specified in agency instructions.
Add Attachments Defete Attachments View Attachments

Application for Federal Assistance SF-424							
16. Congressional Districts Of:							
* a. Applicant MI-010	* b. Program/Project MI-010						
Attach an additional list of Program/Project Co	ongressional Districts if needed.						
Mound Road Congressional Districts.pdf Add Attachment Delete Attachment View Attachment							
17. Proposed Project:							
* a. Start Date: 04/01/2020							
18. Estimated Funding (\$):							
* a. Federal	130,116,000.00						
* b. Applicant	43,372,000.00						
* c. State	0.00						
* d. Local	43,372,000.00						
* e. Other	0.00						
* f. Program Income	0.00						
* g. TOTAL	216,860,000.00						
* 19. Is Application Subject to Review By	State Under Executive Order 12372 Process?						
a. This application was made availabl	e to the State under the Executive Order 12372 Process for review on						
x b. Program is subject to E.O. 12372 b	out has not been selected by the State for review.						
c. Program is not covered by E.O. 123	372.						
* 20. Is the Applicant Delinquent On Any	y Federal Debt? (If "Yes," provide explanation in attachment.)						
Yes X No							
If "Yes", provide explanation and attach							
	Add Attachment						
	(1) to the statements contained in the list of certifications** and (2) that the statements						
comply with any resulting terms if I acce	e to the best of my knowledge. I also provide the required assurances** and agree to ept an award. I am aware that any false, fictitious, or fraudulent statements or claims may						
	rative penalties. (U.S. Code, Title 218, Section 1001)						
X ** 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: Mr.	* First Name: John						
Middle Name:							
* Last Name: Crumm							
Suffix:							
*Title: Director of Planning							
* Telephone Number: 586-469-5285 Fax Number: 586-463-8682							
*Email: jerumm@remeweb.org							
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.							

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	Project Narrative.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	BCA.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Match ltr 1.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Match Res 1.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Match Res 2.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	MDOT Letter.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	Fiat Chrysler ltr.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	Ford Motor Co Ltr.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	GM ltr.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	Gen Dynamics ltr.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	SEMCOG ltr.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	Sterling Heights Chamber ltr	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	Rep. Mitchell ltr.pdf	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	Rep. Levin Letter.pdf	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	Sen. Peters ltr.pdf	Add Attachment	Delete Attachment	View Attachment

View Burden Statement

17. Federal assistance requested, calculate as follows:

Enter the resulting Federal share.

(Consult Federal agency for Federal percentage share.)

OMB Number: 4040-0008 Expiration Date: 01/31/2019

130,116,000.00

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. c. Total Allowable Costs b. Costs Not Allowable a. Total Cost COST CLASSIFICATION (Columns a-b) for Participation Administrative and legal expenses \$ \$ \$ 5,421,500.00 0.00 5,421,500.00 Land, structures, rights-of-way, appraisals, etc. \$ 774,500.00 \$ 774,500.00 0.00 3. Relocation expenses and payments \$ \$ \$ 0.00 0.00 0.00 Architectural and engineering fees \$ 12,392,000.00 0.00 12,392,000.00 5. Other architectural and engineering fees \$ 10,843,000.00 \$ 0.00 \$ 10,843,000.00 Project inspection fees \$ \$ 9,294,000.00 0.00 9,294,000.00 7. Site work \$ \$ 0.00 0.00 Demolition and removal 8. \$ \$ \$ 0.00 0.00 0.00 Construction 9. \$ 154,900,000.00 \$ 0.00 \$ 154,900,000.00 10. Equipment \$ \$ 0.00 11. Miscellaneous \$ \$ 0.00 0.00 SUBTOTAL (sum of lines 1-11) 12. \$ 193,625,000.00 0.00 193,625,000.00 13. Contingencies \$ 23,235,000.00 23,235,000.00 \$ 0.00 **SUBTOTAL** 14. \$ 216,860,000.00 216,860,000.00 0.00 Project (program) income 15. 0.00 0.00 TOTAL PROJECT COSTS (subtract #15 from #14) 16. 216,860,000.00 216,860,000.00 0.00 FEDERAL FUNDING

Enter eligible costs from line 16c Multiply X

60%