

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="04/01/2024"/>		4. Applicant Identifier: <input type="text"/>			
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: <input type="text" value="Tri-County Metropolitan Transportation District of Oregon"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="93-0579353"/>			* c. UEI: <input type="text" value="YXFYCBFAF5S3"/>		
d. Address:					
* Street1:		<input type="text" value="101 SW Main Street"/>			
Street2:		<input type="text" value="Suite 700"/>			
* City:		<input type="text" value="Portland"/>			
County/Parish:		<input type="text" value="Multnomah"/>			
* State:		<input type="text" value="OR: Oregon"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:		<input type="text" value="97204-3228"/>			
e. Organizational Unit:					
Department Name: <input type="text"/>			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="A.J."/>			
Middle Name: <input type="text"/>					
* Last Name: <input type="text" value="O'Connor"/>					
Suffix: <input type="text"/>					
Title: <input type="text" value="Director, Intelligent Transportation Systems"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <input type="text" value="503.962.5615"/>			Fax Number: <input type="text"/>		
* Email: <input type="text" value="OConnorA@trimet.org"/>					

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.046

CFDA Title:

Climate Pollution Reduction Grants

* 12. Funding Opportunity Number:

EPA-R-OAR-CPRGI-23-07

* Title:

Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Expanding Transit Signal Priority for the Regional Transit Fleet

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

001

* b. Program/Project

003

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

1240-Congressional Districts.txt

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2024

* b. End Date:

10/31/2028

18. Estimated Funding (\$):

* a. Federal

8,960,881.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

8,960,881.00

*** 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 18, 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:

Mr.

* First Name:

Sam

Middle Name:

M.

* Last Name:

Desue

Suffix:

Jr.

* Title:

General Manager

* Telephone Number:

(503) 962-4831

Fax Number:

* Email:

Desues@trimet.org

* Signature of Authorized Representative:

Jane Black

* Date Signed:

04/01/2024