OMB Number 4040-0005

View Burden Statement

Expiration Date: 01/31/2023

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| **APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL** | |
| **\* 1. NAME OF FEDERAL AGENCY:**  USDOT/FHWA | |
| **2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** | **CFDA TITLE:** |
| **\* 3. DATE RECEIVED:** | |
| **\* 4. FUNDING OPPORTUNI**  693JJ322NF5202 | |
| **\* TITLE:**  Dwight David Eisenhower Transportation Fellowship Program (DDETFP) Local Competition at Designated Institutions of Higher Education | |
| **5. APPLICANT INFORMATION** | |
| **a. Name and Contact Information**  Prefix: \* First Name: | Middle Name: |
| \* Last Name: | Suffix: |
| \* Telephone Number (Daytime): | Telephone Number (Evening): |
| Email: | Fax Number: |
| **b. Address**  \* Street1: | Street2: |
| \* City: | County/Parish: |
| \* State: | Province: |
| \* Country:  USA: UNITED STATES | \* Zip/Postal Code: |

**APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL**

\* c. Citizenship Status:

U.S. Citizenship

Yes No

d. \* Congressional District of Applicant:

If No

If permanent resident of U.S., enter the Alien Registration #:

* If foreign national, enter country of citizenship:
* If foreign national, enter start date of most recent residency in U.S.:

1. **PROJECT INFORMATION**

a. Project Title:

* **b. Project Description:**
* **c. Proposed Project:**

Start Date:

End Date:

1. **\* 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.

\* Signature: \* Date Signed: