OMB Number 4040-0005

View Burden Statement

Expiration Date: 02/28/2026

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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 OPPORTUNITY NUMBER:**693JJ322NF5202-2024 |
| **\* 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: |

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| **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.:
 |
| **6. PROJECT INFORMATION** |
| **\* a. Project Title:** |
| **\* b. Project Description:** |
| **\* c. Proposed Project:** Start Date: |  | End Date: |  |  |
| **7. \* 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. |
| \* Signature: |  | \* Date Signed: |  |  |
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