

Grant Application Package

| | |
|--------------------------------|--|
| Opportunity Title: | FY 2014 National Infrastructure Investments |
| Offering Agency: | U.S. Department of Transportation |
| CFDA Number: | 20.933 |
| CFDA Description: | National Infrastructure Investments |
| Opportunity Number: | DTOS59-14-RA-TIGER6 |
| Competition ID: | TIGER6-FY14 |
| Opportunity Open Date: | 04/03/2014 |
| Opportunity Close Date: | 04/28/2014 |
| Agency Contact: | Howard Hill TIGER Program Staff Contact E-mail: howard.hill@dot.gov Phone: 202-366-0301 |

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: Hawaii Department of Transportation Harbors Division

Select Forms to Complete

Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Attachments](#)

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.

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

HDOT-Harbors Division -0613

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Hawaii Department of Transportation Harbors Division

* b. Employer/Taxpayer Identification Number (EIN/TIN):

99-0258084

* c. Organizational DUNS:

1445395900000

d. Address:

* Street1:

79 South Nimitz Highway

Street2:

* City:

Honolulu

County/Parish:

* State:

HI: Hawaii

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96813-4892

e. Organizational Unit:

Department Name:

Transportation

Division Name:

Harbors

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

Prefix:

Mrs.

* First Name:

Jadine

Middle Name:

* Last Name:

Urasaki

Suffix:

Title:

Deputy Director

Organizational Affiliation:

HDOT

* Telephone Number:

(808) 587-2156

Fax Number:

(808) 587-2167

* Email:

jadine.urasaki@hawaii.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Hilo Harbor Pier 4 Wharf Improvements Project, Phase 3 (Hawaii Island)

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="15,000,000.00"/> |
| * b. Applicant | <input type="text" value="31,990,000.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="46,990,000.00"/> |

*** 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

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 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:

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 | <input type="text" value="NARRATIVE.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 2) Please attach Attachment 2 | <input type="text" value="BCA-Nar.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 3) Please attach Attachment 3 | <input type="text" value="BCA-Calc.xls"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 4) Please attach Attachment 4 | <input type="text" value="Wage Cert.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 5) Please attach Attachment 5 | <input type="text" value="DA PERMIT.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 6) Please attach Attachment 6 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 7) Please attach Attachment 7 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 8) Please attach Attachment 8 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 9) Please attach Attachment 9 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 10) Please attach Attachment 10 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 11) Please attach Attachment 11 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 12) Please attach Attachment 12 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 13) Please attach Attachment 13 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 14) Please attach Attachment 14 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 15) Please attach Attachment 15 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |