



Grant Application Package

Opportunity Title:	Federal Railroad Administration FY14 Grant Application
Offering Agency:	DOT/Federal Railroad Administration
CFDA Number:	20.314
CFDA Description:	Railroad Development
Opportunity Number:	FR-RLD-14-001
Competition ID:	FR-RLD-14-001-049723
Opportunity Open Date:	07/11/2014
Opportunity Close Date:	09/15/2014
Agency Contact:	Jennifer Capps Financial Grants Management An E-mail: Jennifer.Capps@dot.gov Phone: 202-493-0112

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: Austin to Houston Passenger Rail Corridor Investment Plan

Select Forms to Complete

Mandatory

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

[Attachments](#)

Optional

- [Other Attachments Form](#)
- [Budget Information for Non-Construction Programs \(SF-424A\)](#)
- [Budget Information for Construction Programs \(SF-424C\)](#)
- [Assurances for Non-Construction Programs \(SF-424B\)](#)
- [Assurances for Construction Programs \(SF-424D\)](#)
- [Disclosure of Lobbying Activities \(SF-LLL\)](#)

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: <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): _____ * Other (Specify): _____
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* 3. Date Received: 09/12/2014	4. Applicant Identifier: Texas Dept. of Transportation
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*** a. Legal Name:** Texas Department of Transportation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 746000170	* c. Organizational DUNS: 8067825530000
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d. Address:

* Street1:	125 E. 11th St.
Street2:	_____
* City:	Austin
County/Parish:	_____
* State:	TX: Texas
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	78701-2483

e. Organizational Unit:

Department Name: Texas Dept. of Transportation	Division Name: Rail Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.	* First Name: Mark
Middle Name: _____	
* Last Name: Werner	
Suffix: _____	

Title: Rail Planning Section Manager

Organizational Affiliation:
Texas Department of Transportation (TxDOT)

* Telephone Number: 512-486-5137	Fax Number: _____
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*** Email:** mark.werner@txdot.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:**

DOT/Federal Railroad Administration

11. Catalog of Federal Domestic Assistance Number:

20.314

CFDA Title:

Railroad Development

*** 12. Funding Opportunity Number:**

FR-RLD-14-001

* Title:

Federal Railroad Administration FY14 Grant Application Solicitation

13. Competition Identification Number:

FR-RLD-14-001-049723

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Austin to Houston Passenger Rail Corridor Investment Plan

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,600,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,000,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="400,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,000,000.00"/>

*** 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

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	Project Narrative_AUS-HOU.pd	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	FRA_SOW_AUS-HOU.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	AUS-HOU_Spatial_Data.zip	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	CAMPO Letter of Support.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	H-GAC Letter of Support.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	BCSMPO Letter of Support.PDF	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	GCRD Letter of Support.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.