

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

| | |
|-------------------------|--|
| Opportunity Number: | FR-CRS-24-001 |
| Opportunity Title: | FY23-24 Consolidated Rail Infrastructure and Safety Improvements Grant Program |
| Opportunity Package ID: | PKG00285695 |
| CFDA Number: | 20.325 |
| CFDA Description: | Consolidated Rail Infrastructure and Safety Improvements |
| Competition ID: | FR-CRS-24-001-110514 |
| Competition Title: | FY23-24 Consolidated Rail Infrastructure and Safety Improvements Grant Program |
| Opening Date: | 04/02/2024 |
| Closing Date: | 05/28/2024 |
| Agency: | DOT - Federal Railroad Administration |
| Contact Information: | Office of Railroad Development Deborah Kobrin (202) 420-1281 deborah.kobrin@dot.gov |

APPLICANT & WORKSPACE DETAILS:

| | |
|--------------------------|---|
| Workspace ID: | WS01338460 |
| Application Filing Name: | NEVADA NORTHERN RAILWAY: REHABILITATING A KEY INFRASTRUCTURE LIFELINE IN RURAL NEVADA |
| UEI: | C1AJMSQCNH59 |
| Organization: | CITY OF ELY |
| Form Name: | Application for Federal Assistance (SF-424) |
| Form Version: | 4.0 |
| Requirement: | Mandatory |
| Download Date/Time: | Jun 05, 2024 11:12:23 AM EDT |
| Form State: | No Errors |

FORM ACTIONS:

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:

C1AJMSQCNH59

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Ely

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

88-6000192

*** c. UEI:**

C1AJMSQCNH59

d. Address:

*** Street1:**

501 Mill Street

Street2:

*** City:**

Ely

County/Parish:

White Pine

*** State:**

NV: Nevada

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

89301-1940

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*** First Name:**

Mark

Middle Name:

*** Last Name:**

Bassett

Suffix:

Title:

Grant Writer

Organizational Affiliation:

City of Ely

*** Telephone Number:**

7752890103

Fax Number:

*** Email:**

president@nry.com

Application for Federal Assistance SF-424

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

C: City or Township 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:

20.325

CFDA Title:

Consolidated Rail Infrastructure and Safety Improvements

*** 12. Funding Opportunity Number:**

FR-CRS-24-001

*** Title:**

FY23-24 Consolidated Rail Infrastructure and Safety Improvements Grant Program

13. Competition Identification Number:

FR-CRS-24-001-110514

Title:

FY23-24 Consolidated Rail Infrastructure and Safety Improvements Grant Program

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

Add Attachment

Delete Attachment

View Attachment

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

NEVADA NORTHERN RAILWAY: REHABILITATING A KEY INFRASTRUCTURE LIFELINE IN RURAL NEVADA

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="98,971,874.00"/> |
| * b. Applicant | <input type="text" value="19,547,905.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="15,225,997.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="133,745,776.00"/> |

*** 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: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: