

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:

02/15/2024

4. Applicant Identifier:

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: Bonneville County Emergency Management

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

68-6000286

* c. UEI:

SJHNBNLGGBE5

d. Address:

* Street1:

605 N Capital Ave

Street2:

* City:

Idaho Falls

County/Parish:

ID

* State:

ID: Idaho

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

83402-3582

e. Organizational Unit:

Department Name:

Bonneville County Public Works

Division Name:

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

Prefix:

Mr.

* First Name:

Lance

Middle Name:

* Last Name:

Bates

Suffix:

Title: Public Work Director

Organizational Affiliation:

Bonneville County Emergency Ma

* Telephone Number:

208-529-1290

Fax Number:

* Email:

lbates@co.bonneville.id.us

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

DOT Federal Highway Administration

11. Catalog of Federal Domestic Assistance Number:

20.205

CFDA Title:

Highway Planning and Construction

* 12. Funding Opportunity Number:

693JJ324NF00006

* Title:

Fiscal Year (FY) 2023 through FY 2026 Bridge Investment Program, Planning and Bridge Project Grants

13. Competition Identification Number:

FHWA-BIP-24-002-109892

Title:

FY 23 to 26 Bridge Investment Program, Planning and Bridge Project Grants

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

145th N Bridge Replacement Project Bonneville County, Idaho

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 ID-002

* b. Program/Project ID-002

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2024

* b. End Date: 09/30/2025

18. Estimated Funding (\$):

* a. Federal	328,000.00
* b. Applicant	82,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	410,000.00

*** 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 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: Brad

Middle Name:

* Last Name: Clements

Suffix:

* Title: Director of Emergency Management

* Telephone Number: 2085291223 Fax Number:

* Email: bclements@co.bonneville.id.us

* Signature of Authorized Representative: Bradley Clements * Date Signed: 02/15/2024