OMB# 2105-0584

Rural and Tribal Assistance Pilot Program Online Application Form

*All fields must be complete.

1.	First and last name*:						
	Title*:						
	Phone*: Email*:						
2. Entity name, address and website:							
	Organization/Entity Name*:						
	Address (#, street, city/county, state and zip code - no post office box numbers)*:						
	Website address, if applicable:						
3.	s. Employer/Taxpayer Identification Number (EIN/TIN)*:						
4.	I. Organization/entity Unique Entity Identifier (UEI) assigned by SAM.gov*:						
	sam.gov number request in progress (explain):						
5. Entity/Organization headquarters is in this congressional district(s)*:							
Program/project is in this congressional district(s)*:							

6. Below is a list of eligible entities for this program. Please select the one option that describes your eligibility*: (See Section C.1: Eligible Applicants of the Notice)						
☐ A unit of local government or political subdivision seeking to advance a project that is located outside of an urbanized area with a population of more than 150,000 residents						
□ A State seeking to advance a project located outside of an urban area with a population of more than 150,000 residents						
 □ A federally recognized Indian Tribe sponsoring a project on or impacting their tribal lands □ The Department of Hawaiian Home Lands to sponsor projects on or impacting Hawaiian Home Lands 						
☐ Other, please specify:						
7. Project title*: (Descriptive title of project for which you see funding)						
8. Project location (no more than 100 words)*: Include city and state if providing street name(s). Latitude/longitude is also acceptable. (See Sections C.1.i and C.1.ii: Eligible Applicants of the Notice. Note: For Indian Tribes, the project location does not have to meet the non-urban area requirement.)						
9. Briefly describe the overall project (no more than 500 words)*: Include project type (i.e., bridge, new roadway, transit service), features to be constructed, project schedule, and estimated total project cost. (See Section C.3: Eligible Projects of the Notice)						
9a. Estimated total project cost*:						

	No			
If yes, e	xplain:			
	priateness of services reques of advisory services anticipated	•		tice for
p	ease describe the task(s)/a ogram funds and how thes verall project. (400 words o	se services wil		
b.	Requested funds from this	program*:		
C.	Estimated cost of task pro	posed*:		
d.	Describe what project-relation if any. List N/A if none. Als collected or activities conditions.	so, list any dat	a or information that h	as been
	task(s)/advisory services.	(250 words or	less) *	

12.		lity of grant services requested (See Section E.2 Please describe the following: Your organiz procuring advisory services and if you have available to commit to this effort should grainsufficient to complete the proposed task(be provided, include the amount and sourc commitment. (400 words or less)*	eation's experience e additional funds ant funding provided prove s). If additional funds will
L			
		Applicants are encouraged to seek bids, quotes being requested to demonstrate the reasonabler this application. Have you obtained a bid, quoservices requested in this application?* Yes (to be submitted later if awarded grant)	ness of the requested funding in
		No (provide statement of how you determined estimated cost of proposed task)	
13		in the past 12 months, have you submitted the tile that the transportation grant funding, and	
	□ □	Yes List program(s):	it was not selected:
		No	
14	know resul fraud admi	By checking this box and submitting this a ments contained herein are true, complete a yledge. I also provide the required assurance ting terms if I accept an award. I am aware the lulent statements or claims may subject me to nistrative penalties. (U.S. Code, Title 218, Second	nd accurate to the best of my s and agree to comply with any nat any false, fictitious, or to criminal, civil, or
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