2016 CMAQ Project Application Form – Signature Page

Applicant Information

Organization Name:

Address:

City: State: Zip:

County:

Employer/Taxpayer No. (EIN/TIN):

Organizational DUNS Code (if available):

Edison ID (if available):

Application Checklist

- ☐ Letter of Intent submitted before May 27, 2016
- ☐ Online Application Form
- ☐ Project Narrative (if applicable)
- ☐ Budget Form
- ☐ Signature Sheet

Total Budget

Project Cost:

Local Match:

Other Nonfederal Match:

Requested Funds:

Authorization

By signing, I certify the statements and information provided in this application are true and accurate to the best of my knowledge. If the application was prepared by a third party, I certify that I have read the application after completion of all forms and information. I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating these forms and information into a grant contract, the data and information may be revised by TDOT for accuracy and that our acceptance of a grant contract will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting contract voidable. Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future awards. If selected for funding, I agree to provide the required documentation and assurances necessary for funding.

Authorized Signature:

Date:

Print Name: **Title:**

Email: **Phone:**

Signature Page Instructions

Item	Entry Instructions
Applicant Information	
Organization Name	Enter the LEGAL NAME of the APPLICANT that is applying for this grant contract.
Address	Enter the STREET ADDRESS where the APPLICANT is located.
City	Enter the CITY where the APPLICANT is located
State	Enter the STATE where the APPLICANT is located
Zip	Enter the ZIP where the APPLICANT is located
County	Enter the COUNTY where the APPLICANT is located
Employer/Taxpayer No. (EIN/TIN)	Enter the EMPLOYER OR TAXPAYER IDENTIFICATION NUMBER (EIN OR TIN) as assigned by the Internal Revenue Service.
Organizational DUNS Code	IF AVAILABLE AT THE TIME OF APPLICATION, enter the APPLICANT'S DUNS OR DUNS+4 NUMBER received from Dun and Bradstreet. Information on obtaining a DUNS number can be found at www.dnb.com.
Edison ID	IF AVAILABLE AT THE TIME OF APPLICATION, enter the APPLICANT'S EDISON ID.
Application Checklist	
Online Application Form	Check if the ONLINE APPLICATION FORM is completed and submitted. See https://www.surveymonkey.com/r/TDOTCMAQ2016 (REQUIRED)
Project Narrative	Check if the PROJECT NARRATIVE is completed and included in the application. Submit all documents to TDOT.CMAQ@tn.gov. (REQUIRED)
Budget Form	Check if the BUDGET FORM is completed and included in the application. Submit all documents to TDOT.CMAQ@tn.gov. (REQUIRED)
Signature Sheet	Check if the SIGNATURE SHEET (THIS FORM) is completed and included in the application. Submit all documents to TDOT.CMAQ@tn.gov. (REQUIRED)
Total Budget	
Project Cost	Enter the TOTAL PROJECT COST based on the BUDGET FORM.
Local Match	Enter the AMOUNT OF LOCAL MATCH based on the BUDGET FORM.
Other Nonfederal Match	Enter the AMOUNT OF OTHER NONFEDERAL MATCH based on the BUDGET FORM.
Requested Funds	Enter the REQUESTED FEDERAL CMAQ FUNDS based on the BUDGET FORM.
Authorization	
Authorized Signature, Date, Name, Title, Email and Phone	To be SIGNED and DATED by the AUTHORIZED REPRESENTATIVE OF THE APPLICANT ORGANIZATION. Enter the name (first and last name), title, email address, and telephone number of the person authorized to sign for the applicant. ALL FIELDS ARE REQUIRED. By signing, the AUTHORIZED REPRESENTATIVE agrees to the above AUTHORIZATION STATEMENT.