

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

**5. APPLICANT INFORMATION**

Legal Name <b>Metropolitan Transportation Planning Organization for the Gainesville Urbanized Area</b>	Organizational Unit:  
Address (give city, county, state and zip code) 2009 NW 67 Place Gainesville, Florida 32653-1603 Alachua County	Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Charles F. Justice (352) 955-2200, x. 101

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             5 9 — 1 8 3 4 3 0 2           </div>	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Substate Organization</u>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> A. Increase Award  <input type="checkbox"/> D. Decrease Duration         </div> <div style="text-align: center;"> <input type="checkbox"/> B. Decrease Award  <input type="checkbox"/> Other (specify)         </div> <div style="text-align: center;"> <input type="checkbox"/> C. Increase Duration         </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> <b>Federal Transit Administration</b>

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             2 0 ● 5 0 5           </div> TITLE <b>Section 5303 Technical Studies Grant</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Technical Studies in Support of FY-2005/ 2006 Unified Planning Work Program (UPWP)</b>
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states etc.)</b> Alachua County	

<b>13. PROPOSED PROJECT</b> Start Date Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant b. Project
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<b>15. ESTIMATED FUNDING</b> <table style="width: 100%;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 80%;">\$ 88,389</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 11,049</td> </tr> <tr> <td>c. State</td> <td>\$ 11,049</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 110,487</td> </tr> </table>	a. Federal	\$ 88,389	b. Applicant	\$ 11,049	c. State	\$ 11,049	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 110,487	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES THIS PREAPPLICATION, APPLICATION WAS MADE AVAILABLE TO THE <div style="text-align: center;">             STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON              Date <u>March 15, 2000</u> </div> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 88,389														
b. Applicant	\$ 11,049														
c. State	\$ 11,049														
d. Local	\$														
e. Other	\$														
f. Program Income	\$														
g. TOTAL	\$ 110,487														
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No															

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED**

a. Typed Name of Authorized Representative <b>Chuck Chestnut</b>	b. Title <b>Chair, Gainesville MTPO</b>	c. Telephone number <b>(352) 955-2200</b>
d. Signature of Authorized Representative 		e. Date Signed <b>May 6, 2005</b>

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