OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424				
	New	* If Revision, select appropriate letter(s): * Other (Specify):		
* 3. Date Received: 4 Completed by Grants.gov upon submission.	l. 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: Fort Bend County				
* b. Employer/Taxpayer Identification Number (EIN/TIN):				
d. Address:				
* Street1: 301 Jackson St. Ste Street2:	e. 701			
* City: Richmond				
County/Parish: * State: Texas				
Province:				
* Country: USA: UNITED STA	ATES			
* Zip / Postal Code: 77469				
e. Organizational Unit:				
Department Name:		Division Name:		
f. Name and contact information of pers	son to be contacted on m	atters involving this application:		
Prefix:	* First Name	Robert		
Middle Name: E				
* Last Name: Sturdivant				
Suffix:				
Title:				
Organizational Affiliation:				
* Telephone Number: 281-341-3769 Fax Number:				
* Email: sturdrob@fbctx.gov				

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
Unit of Local Government - County
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Department of Transportation
11. Catalog of Federal Domestic Assistance Number:
CFDA Title:
* 12. Funding Opportunity Number:
DOT-RCP-FY22-01
* Title:
Reconnecting Communities Pilot Discretionary Grant Program
13. Competition Identification Number:
Title .
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
, advinced a second and a second a second and a second an
* 15. Descriptive Title of Applicant's Project:
10th Street Overpass over UPRR Railway line in Richmond, Texas
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 22ND	* b. Program/Project 22ND			
Attach an additional list of Program/Project Congressional Distr	icts if needed.			
	Add Attachment Delete Attachment View Attachment			
17. Proposed Project:				
* a. Start Date:	* b. End Date:			
18. Estimated Funding (\$):				
* a. Federal 6,242,000				
* b. Applicant 6,242,000				
* c. State 0				
* d. Local				
* e. Other				
* f. Program Income 0				
* g. TOTAL 12,484,000				
* 19. Is Application Subject to Review By State Under Ex	ecutive Order 12372 Process?			
a. This application was made available to the State un	der 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				
If "Yes", provide explanation and attach				
	Add Attachment Delete Attachment View Attachment			
24 *Du signing this confication I config. (4) to the states				
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				
	my knowledge. I also provide the required assurances** and agree to			
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