

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:**

02/24/2026

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:** Alachua County Board of County Commissioners*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-6000501

*** c. UEI:**

H6MEAENCCBM1

d. Address:*** Street1:**

12 SE 1st Street

Street2:

*** City:**

Gainesville

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

32601-6826

e. Organizational Unit:**Department Name:**

Growth Management

Division Name:

Transportation Planning

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

Ms.

*** First Name:**

Alison

Middle Name:

*** Last Name:**

Moss

Suffix:

Title:

Transportation Planning Manager

Organizational Affiliation:

Alachua County Growth Management

*** Telephone Number:**

352-491-4574

Fax Number:

*** Email:**

amos@alachuacounty.us

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*** 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:**

Office of the Secretary / U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

DTOS59-26-RA-BUILD

* Title:

FY 2026 National Infrastructure Investments

13. Competition Identification Number:

Title:

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

Areas Affected_NW 23rd Ave.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Safe Routes to School - NW 23rd Avenue Complete Corridor Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	1,234,800.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	308,700.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,543,500.00

*** 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

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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: