

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: Alabama State Port Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 63-6000265	* c. UEI: HS97F2C9NME3
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d. Address:

* Street1: 250 North Water Street
Street2: _____
* City: Mobile
County/Parish: Mobile
* State: AL: Alabama
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 36602-4000

e. Organizational Unit:

Department Name: _____	Division Name: _____
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.	* First Name: Megan
Middle Name: _____	
* Last Name: Amacker	
Suffix: _____	
Title: Grant Specialist	

Organizational Affiliation: _____	
* Telephone Number: 251-441-7261	Fax Number: _____
* Email: megan.amacker@alports.com	

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*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Port Authority

*** 10. Name of Federal Agency:**

Maritime Administration

11. Catalog of Federal Domestic Assistance Number:

20.823

CFDA Title:

Port Infrastructure Development Program

*** 12. Funding Opportunity Number:**

MA-PID-23-001

* Title:

2023 Port Infrastructure Development Program Grants

13. Competition Identification Number:

MA-PID-23-001-103325

Title:

2023 Port Infrastructure Development Program Grants

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

Add Attachment

Delete Attachment

View Attachment

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

Design to Construction of Pier D2 Dock Extension

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	<input type="text" value="3,079,925.00"/>
* b. Applicant	<input type="text" value="3,079,925.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="6,159,850.00"/>

*** 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: