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WORKSPACE FORM

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This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	FR-FSP-25-006
Opportunity Title:	FY24-25 Federal-State Partnership for Intercity Passenger Rail Grant Program - National
Opportunity Package ID:	PKG00291529
Assistance Listing Number:	20.326
Assistance Listing Title:	Federal-State Partnership for Intercity Passenger Rail
Competition ID:	FR-FSP-25-006-120150
Competition Title:	FY24-25 Federal-State Partnership for Intercity Passenger Rail Grant Program - National
Opening Date:	09/22/2025
Closing Date:	02/06/2026
Agency:	DOT - Federal Railroad Administration
Contact Information:	Sergio Coronado Passenger Rail Development Federal Railroad Administration 617-571-1213 sergio.coronado@dot.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01600152
Application Filing Name:	Heartland Rail Connectivity Initiative
UEI:	FJNLTRMFQAP5
Organization:	MID-OHIO REGIONAL PLANNING COMMISSION
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Feb 05, 2026 04:57:42 PM EST
Form State:	No Errors

FORM ACTIONS:

CHECK FOR ERRORS SAVE PRINT

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

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: Mid-Ohio Regional Planning Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN): 311009675

* c. UEI: FJNLTRMFQAP5

d. Address:

* Street1: 111 Liberty Street, Suite 100
Street2:
* City: Columbus
County/Parish: Franklin
* State: OH: Ohio
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 43215-5850

e. Organizational Unit:

Department Name: Mobility & Economic Devt.

Division Name:

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

Prefix: Mr.
* First Name: Parag
Middle Name:
* Last Name: Agrawal
Suffix:

Title: Chief Mobility and Devt. Officer & Sr. Dir.

Organizational Affiliation: Mid-Ohio Regional Planning Commission

* Telephone Number: 614-233-4178
Fax Number:

* Email: pagrawal@morpc.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Metropolitan Planning Org(MPO)

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

DOT - Federal Railroad Administration

11. Assistance Listing Number:

20.326

Assistance Listing Title:

Federal-State Partnership for Intercity Passenger Rail

*** 12. Funding Opportunity Number:**

FR-FSP-25-006

* Title:

FY24-25 Federal-State Partnership for Intercity Passenger Rail Grant Program - National

13. Competition Identification Number:

FR-FSP-25-006-120150

Title:

FY24-25 Federal-State Partnership for Intercity Passenger Rail Grant Program - National

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

Add Attachment | Delete Attachment | View Attachment

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

Heartland Rail Connectivity Initiative

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: OH-003 * b. Program/Project: OH-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2027 * b. End Date: 12/31/2028

18. Estimated Funding ($):

* a. Federal	4,800,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	1,200,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,000,000.00

*** 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.
- [x] 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
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

- [x] ** 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: William

Middle Name:

* Last Name: Murdock

Suffix:

* Title: Executive Director

* Telephone Number: 614.233.4101 Fax Number:

* Email: wmurdock@morpc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.