DOT Grant Information System Input Form

1 Administration (1)

A=FAA O=OST
B=BTS P=RSPA
G=USCG R=FRA
H=FHWA S=NHTSA
M=MARAD T=FTA

2 Federal Identifier Number (2–16)

3 Number Changes (17–18)

4 Multiple Location Code (19–20)

5 Kind of Action (21)

A=New Award
B=Mod Increase
C=Correction
D=Deletion
R=Mod Decrease

6 OMB/CFDA Number (22–25)

7 Recipient Type (26)

A=Ed. Inst. (Public)
B=School Dist.
C=Federal Agency
D=State Agency
E=Multi State Group
F=County Agency
G=Multi County Grp.
H=Borough
I=Planning Comm.
J=Council of Govt.
K=Port Authority
L=Airport Authority
M=City
N=Other Nonprofit
O=Large Business
P=Small Business
Q=Indian Tribe
S=Sponsored Org
T=Transit Authority
U=Other Govt. Org.
V=For Profit Org.
W=Individual
Y=Ed. Inst. (Private)

8 Type of Instrument (27)

1=Grant
2=Coop. Agree.
3=Direct Loan
4=Guar/Ins Loan
5=Insurance
6=Other

9 Purpose (28)

1=Construction
2=Equipment
3=Planning
4=R&D or Demo
5=Training
6=Other
7=Operating Assist
8=Safety

10 Recipient Name (29–49)

11 State Application Identifier Number (50–69)

12 Business Location

State (70–71) | County (72–74) | City (75–78) | C.D. (79–80)

13 Performance Location

Region (81–82) | State (83–84) | County (85–87) | City (88–91) | C.D. (92–93) | MSA (94–97)

14 Business Location Zip Code (98–102 --- 103–106)

15 Award Date

Year (107–110) | Month (111–112) | Day (113–114)

16 Federal Award Amount (115–124)

(Right Justify-- Whole Dollars)

17 Non-Federal Amount (125–134)

(Right Justify--Whole Dollars)

18 Estimated Completion Date

Year (135–138) | Month (139–140) | Day (141–142)

19 Funding Type (143)

C = Cong. Mandate
D = Discretionary
F = Formula/Entitle
M = Mixed Funding

20 Project Description (144–183)

21 Special Narrative (184–223)

22 Other Performance Counties (Optional)

County 2 (224–226) | County 3 (227–229) | County 4 (230–232) | County 5 (233–235) | County 6 (236–238)

23 Other Congressional Districts (Optional)

C.D. 2 (239–240) | C.D. 3 (241–242) | C.D. 4 (243–244) | C.D. 5 (245–246) | C.D. 6 (247–248)

24 Reserved (249–255)

Person to Contacact Regarding this form: _____

Telephone Number: _____

* Business City/County Name: _____

* Performance City/County Name: _____

* Complete this information if GSA location code in not known.

DOT F 1340.7B (rev. 6-00)