

## 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:

01/13/2023

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:

Brevard County Board of County Commissioners

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

59-6000523

\* c. UEI:

U9WRHX25GD23

d. Address:

\* Street1:

401 S. Varr Ave

Street2:

\* City:

Cocoa

County/Parish:

\* State:

FL: Florida

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

32922-8623

e. Organizational Unit:

Department Name:

Transit Services

Division Name:

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

Prefix:

Mr.

\* First Name:

Terry

Middle Name:

\* Last Name:

Jordan

Suffix:

Title:

Transit Services Director

Organizational Affiliation:

\* Telephone Number:

(321) 635-7815

Fax Number:

(321) 633-1905

\* Email:

Terry.Jordan@brevardfl.gov

## Application for Federal Assistance SF-424

### \* 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:

Federal Transit Administration

### 11. Catalog of Federal Domestic Assistance Number:

5310

CFDA Title:

Enhanced Mobility of Seniors and Individuals with Disabilities

### \* 12. Funding Opportunity Number:

5310

\* Title:

Enhanced Mobility of Seniors and Individuals with Disabilities

### 13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Bus - Replacement Under 30'

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

8

\* b. Program/Project

8

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

07/01/2023

\* b. End Date:

06/30/2024

**18. Estimated Funding (\$):**

\* a. Federal

580,140.00

\* b. Applicant

\* c. State

72,517.00

\* d. Local

72,518.00

\* e. Other

\* f. Program Income

\* g. TOTAL

725,175.00

**\* 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

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)**

☒ \*\* 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:

Rita

Middle Name:

\* Last Name:

Pritchett

Suffix:

\* Title:

Chair

\* Telephone Number:

(321) 635-7815

Fax Number:

\* Email:

Terry.Jordan@brevardfl.gov

\* Signature of Authorized Representative:

\* Date Signed: