

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

M21-DC-12-0200

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Brevard County Housing and Human Services (HOME)

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

59-6000523

* c. UEI:

106520666000

d. Address:

* Street1: 2725 Judge Fran Jamieson Way; Suite 106

Street2:

* City: Viera

County/Parish:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 32940-0866

e. Organizational Unit:

Department Name:

Housing and Human Services

Division Name:

Brevard County BOCC

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

Prefix:

Mr.

* First Name:

Ian

Middle Name:

* Last Name:

Golden

Suffix:

Title: Director

Organizational Affiliation:

Housing and Human Services

* Telephone Number: 321-633-2007

Fax Number: 321-633-2026

* Email: Ian.Golden@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:

United States Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

Entitlement Grant-HOME Investment Partnerships Program

* 12. Funding Opportunity Number:

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

This application is for a Substantial Amendment to the 2021 Annual Action Plan for the HOME-ARP funds, which includes Brevard County and cities of Titusville, Cocoa, Melbourne, and Palm Bay.

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 8/11

* b. Program/Project 8/11

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2022

* b. End Date: 09/30/2023

18. Estimated Funding (\$):

* a. Federal	4,524,586.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	4,524,586.00

*** 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: Mr. * First Name: Frank

Middle Name:

* Last Name: Abbate

Suffix:

* Title: County Manager

* Telephone Number: 321-633-2001 Fax Number:

* Email: Frank.Abbate@brevardfl.gov

* Signature of Authorized Representative:

* Date Signed: