

## 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: 32940-8666

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 for capital projects.

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	3,045,898.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	3,045,898.00

**\* 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 218, 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: