

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:

08/03/2021

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. Organizational DUNS:

8310721930000

d. Address:

* Street1:

401 S. Varr Ave

Street2:

* City:

Cocoa

County/Parish:

Brevard

* State:

FL

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

32922

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



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*** 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 & Individuals with Disabilities

*** 12. Funding Opportunity Number:**

5310

* Title:

Enhanced Mobility of Seniors & Individuals with Disabilities

13. Competition Identification Number:

Title:

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

Brevard County

Add Attachment

Delete Attachment

View Attachment

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

Phase I of Capital Equipment Project to Enhance the Mobility of Seniors and Individuals with Disabilities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:	
* a. Applicant <input style="width: 80px;" type="text" value="FL8"/>	* b. Program/Project <input style="width: 80px;" type="text" value="FL8"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 300px; height: 20px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 80px;" type="text" value="7/1/21"/>	* b. End Date: <input style="width: 80px;" type="text" value="6/30/22"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 100px;" type="text" value="\$224,000"/>
* b. Applicant	<input style="width: 100px;" type="text" value="\$ 28,000"/>
* c. State	<input style="width: 100px;" type="text" value="\$ 28,000"/>
* d. Local	<input style="width: 100px;" type="text"/>
* e. Other	<input style="width: 100px;" type="text"/>
* f. Program Income	<input style="width: 100px;" type="text"/>
* g. TOTAL	<input style="width: 100px;" type="text" value="\$280,000"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input style="width: 100px;" type="text" value="05/04/2021"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 300px; height: 20px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> ** 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: <input style="width: 150px;" type="text"/>	* First Name: <input style="width: 300px;" type="text" value="Rita"/>
Middle Name: <input style="width: 300px;" type="text"/>	
* Last Name: <input style="width: 600px;" type="text" value="Pritchett"/>	
Suffix: <input style="width: 150px;" type="text"/>	
* Title: <input style="width: 450px;" type="text" value="Chair"/>	
* Telephone Number: <input style="width: 300px;" type="text" value="321-635-7815"/>	Fax Number: <input style="width: 300px;" type="text" value="321-633-1905"/>
* Email: <input style="width: 600px;" type="text" value="Terry.Jordan@brevardfl.gov"/>	
* Signature of Authorized Representative: <input style="width: 350px; height: 40px;" type="text"/>	* Date Signed: <input style="width: 100px;" type="text" value="08/03/2021"/>
	*As approved by the Board on 08/03/2021.