

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:**

05/23/2023

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 South Varr Ave

Street2:

*** City:**

Cocoa

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

32922-8632

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:

20.507

CFDA Title:

FTA 5307/5339 Urban Area Formula

* 12. Funding Opportunity Number:

5307/5339

* Title:

Urbanized Area Formula

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:

Capital and Operating Assistance for Brevard County, Florida

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

FL 8

* b. Program/Project

FL 8

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2023

* b. End Date:

09/30/2026

18. Estimated Funding (\$):

* a. Federal

8,699,463.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

800,000.00

* e. Other

2,385,942.00

* f. Program Income

* g. TOTAL

11,885,405.00

*** 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

05/03/2023

☐ 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:

* 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:

05/23/2023