

# APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

## 1.a. Type of Submission:

- ☒ Application  
☐ Plan  
☐ Funding Request  
☐ Other

Other (specify):

## 1.b. Frequency:

- ☒ Annual  
☐ Quarterly  
☐ Other

Other (specify):

## 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

## 2. Date Received:

## STATE USE ONLY:

## 3. Applicant Identifier:

## 5. Date Received by State:

## 4a. Federal Entity Identifier:

1029

## 6. State Application Identifier:

## 4b. Federal Award Identifier:

## 1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

Explanation

## 7. 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:

2725 Judge Fran Jamieson Way

#### Street2:

#### City:

Viera

#### County / Parish:

Brevard

#### State:

FL: Florida

#### Province:

#### Country:

USA: UNITED STATES

#### Zip / Postal Code:

32940-6605

### e. Organizational Unit:

#### Department Name:

Transit Services

#### Division Name:

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

#### Prefix:

Ms.

#### First Name:

Karen

#### Middle Name:

#### Last Name:

Petters

#### Suffix:

Title: Finance Officer

#### Organizational Affiliation:

Brevard County

#### Telephone Number:

(321) 635-7815 Ext. 52933

#### Fax Number:

#### Email:

Karen.Petters@brevardfl.gov

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

### 8a. TYPE OF APPLICANT:

B: County Government

Other (specify):

b. Additional Description:

### 9. Name of Federal Agency:

Federal Transit Administration

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

20.526

CFDA Title:

Buses and Bus Facilities Formula, Competitive, and Low or No Emissions Programs

### 11. Descriptive Title of Applicant's Project:

Brevard County/Space Coast Area Transit Low-Emission Replacement Vehicles

### 12. Areas Affected by Funding:

Brevard County, Florida

### 13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

FL-008

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

### 14. FUNDING PERIOD:

a. Start Date:

06/27/2023

b. End Date:

06/16/2025

### 15. ESTIMATED FUNDING:

a. Federal (\$):

5,940,820.00

b. Match (\$):

1,273,032.00

### 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☐ a. This submission 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 State for review.

☒ c. Program is not covered by E.O. 12372.

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### 17. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

[Explanation](#)

**18. 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 ☒

\*\* This 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:

Terry

Middle Name:

A.

Last Name:

Jordan

Suffix:

Title:

Transit Director

Organizational Affiliation:

Brevard County Board of County Commissioners

Telephone Number:

(321) 349-2960

Fax Number:

Email:

Terry.Jordan@brevardfl.gov

Signature of Authorized Representative:

Terry A. Jordan

Date Signed:

04/13/2023

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Consolidated Application/Plan/Funding Request Explanation:**

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Applicant Federal Debt Delinquency Explanation:**