

### 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:**

B19-UC-12-0011

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

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

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

59-6000523

**\* c. Organizational DUNS:**

1065206660000

**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:

14.218

### CFDA Title:

Entitlement Grant - Community Development Block Grant 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 includes Brevard County's community development, infrastructure, public facilities and public improvements, and public services' programs.

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: 10/01/2021

\* b. End Date: 09/30/2022

**18. Estimated Funding (\$):**

* a. Federal	1,443,617.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,443,617.00

**\* 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: Ms. \* First Name: Rita

Middle Name:

\* Last Name: Pritchett

Suffix:

\* Title: Chair, Board of County Commissioners

\* Telephone Number: 321-607-6901 Fax Number: 

\* Email: D1.Commissioner@Brevardfl.gov

\* Signature of Authorized Representative:

\* Date Signed: