OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [X] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [X] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

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: SEMINOLE COUNTY BOARD OF COUNTY COMMISSIONERS

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000856

* c. UEI: JPJLF4QHYR13

d. Address:

* Street1: 1101 EAST 1ST STREET

Street2:

* City: SANFORD

County/Parish:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 32771-1468

e. Organizational Unit:

Department Name: Community Services

Division Name: Community Development

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

Prefix: Ms.

* First Name: ALLISON

Middle Name:

* Last Name: THALL

Suffix:

Title: DIRECTOR

Organizational Affiliation:

* Telephone Number: 407-665-2301

Fax Number:

* Email: athall@seminolecountyfl.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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231

CFDA Title:

Emergency Solutions Grant

*** 12. Funding Opportunity Number:**

n/a

* Title:

EMERGENCY SOLUTIONS GRANT

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:**

Activities to benefit low/moderate income persons that are homeless or at risk of becoming homeless that include emergency shelter operations, maintenance, essential services, rapid re-housing and program administration.

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

* b. Program/Project: 007

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2026

* b. End Date: 09/30/2027

18. Estimated Funding ($):

* a. Federal	201,479.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	201,479.00

*** 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 .
- [X] 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
- [X] 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 18, Section 1001)**

- [X] ** 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:	Mrs.
* First Name:	Andria
Middle Name:	
* Last Name:	Herr
Suffix:	
* Title:	Chairman, Board of County Commissioners
* Telephone Number:	407-665-7208
Fax Number:	
* Email:	aherr@seminolecountyfl.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.