

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:**

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:**

JPJLF4QHYP13

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:

14.218

CFDA Title:

Community Development Block Grant

* 12. Funding Opportunity Number:

n/a

* Title:

COMMUNITY DEVELOPMENT BLOCK 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:

Housing and community development improvements to benefit low/moderate income persons including public facilities, housing rehabilitation, economic development, public services, and 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

2,276,686.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

2,276,686.00

*** 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 18, 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:

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.