

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

<b>1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		<b>1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>		<b>1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		<b>2. Date Received:</b> <input type="text"/>		<b>STATE USE ONLY:</b>	
		<b>3. Applicant Identifier:</b> <input type="text"/>		<b>5. Date Received by State:</b> <input type="text"/>	
		<b>4a. Federal Entity Identifier:</b> <input type="text"/>		<b>6. State Application Identifier:</b> <input type="text"/>	
		<b>4b. Federal Award Identifier:</b> <input type="text"/>			
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					
<b>7. APPLICANT INFORMATION:</b>					
<b>a. Legal Name:</b> <input type="text" value="Seminole County Board of County Commissioners"/>					
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="59-6000856"/>			<b>c. UEI:</b> <input type="text" value="JPJL4QHYR13"/>		
<b>d. Address:</b>					
<b>Street1:</b> <input type="text" value="1101 E 1st Street"/>			<b>Street2:</b> <input type="text"/>		
<b>City:</b> <input type="text" value="Sanford"/>			<b>County / Parish:</b> <input type="text"/>		
<b>State:</b> <input type="text" value="FL: Florida"/>			<b>Province:</b> <input type="text"/>		
<b>Country:</b> <input type="text" value="USA: UNITED STATES"/>			<b>Zip / Postal Code:</b> <input type="text" value="32771-1468"/>		
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <input type="text" value="Community Services"/>			<b>Division Name:</b> <input type="text" value="Community Development"/>		
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>					
<b>Prefix:</b> <input type="text" value="Ms."/>		<b>First Name:</b> <input type="text" value="Allison"/>		<b>Middle Name:</b> <input type="text"/>	
<b>Last Name:</b> <input type="text" value="Thall"/>			<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> <input type="text" value="Director"/>					
<b>Organizational Affiliation:</b> <input type="text"/>					
<b>Telephone Number:</b> <input type="text" value="407-665-2301"/>			<b>Fax Number:</b> <input type="text"/>		
<b>Email:</b> <input type="text" value="athall@seminolecountyfl.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:**

U.S. Department of Housing and Urban Development

**10. Assistance Listing Number:**

14.231

Assistance Listing Title:

Emergency Solutions Grant RUSH

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

Emergency Solutions Grant- Rapid Unsheltered Survivor Housing (RUSH)- Activities to extremely-low and very-low income persons that are homeless or at-risk of homelessness and who have been residing in an area affected by a major disaster.

**12. Areas Affected by Funding:**

Seminole County

**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

FL-007

b. Program/Project:

FL-007

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

Add Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

02/04/2025

b. End Date:

02/03/2027

**15. ESTIMATED FUNDING:**

a. Federal (\$):

303,030.00

b. Match (\$):

**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

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:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

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

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

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**Applicant Federal Debt Delinquency Explanation:**