

## 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:**

JPJLF4QHRY13

**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 admin

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-007

\* b. Program/Project

FL-007

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2025

\* b. End Date:

09/30/2026

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

\* a. Federal

\$193,384.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

\$193,384.00

**\* 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:

Mr.

\* First Name:

Jay

Middle Name:

\* Last Name:

Zembower

Suffix:

\* Title:

Chairman, Board of County Commissioners

\* Telephone Number:

407-665-7205

Fax Number:

\* Email:

jzembower@seminolecountyfl.gov

\* Signature of Authorized Representative: