Approved as to form and legal sufficiency By: ______ County Attorney's Office LR 2025-326

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

Application for Federal Assistance SF-424				
* 1. Type of Submission: X Preapplication Application Changed/Corrected Application	* 2. Type of Application: X New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify):		
* 3. Date Received:	Applicant Identifier:			
8/15/2025	Hernando County			
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: Hernando County				
* b. Employer/Taxpayer Identification Nur	mber (EIN/TIN):	* c. UEI:		
59-1155275		MWKBKNTZ9SW7		
d. Address:				
* Street1: 15470 Flight Path	n Drive			
Street2:				
* City: Brooksville				
County/Parish:				
* State: Florida				
Province:				
* Country: USA: UNITED STATES				
* Zip / Postal Code: 34604				
e. Organizational Unit:				
Department Name:		Division Name:		
Board of County Commissioners		Housing & Supportive Services		
f. Name and contact information of pe	rson to be contacted on ma	tters involving this application:		
Prefix: Ms.	* First Nam	e: Veda		
Middle Name:				
* Last Name: Ramirez				
Suffix:				
Title: Director				
Organizational Affiliation:				
* Telephone Number: (352) 540-4338 Fax Number: (352) 540-4339				
* Email: vramirez@co.hernando.fl.us				

Application for Federal Assistance SF-424				
* 9. Type of Applicant 1: Select Applicant Type:				
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 & Urban Development (HUD)				
11. Catalog of Federal Domestic Assistance Number:				
14.239				
CFDA Title:				
HOME Investment Partnerships Program (HOME)				
* 12. Funding Opportunity Number:				
* Title:				
HOME Investment Partnerships Program (HOME)				
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:				
Create and preserve affordable housing through: new construction, housing support services, planning 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 12 * b. Program/Project 12				
Attach an additional list of Program/Project Congressional Districts if needed.				
Add Attachment Delete Attachment View Attachment				
17. Proposed Project: * a.				
Start Date: * b. End Date: 9/30/2026				
18. Estimated Funding (\$):				
* a. Federal 375,686.50				
* b. Applicant				
* c. State				
* d. Local				
* e. Other				
* f. Program Income				
* g. TOTAL 375,686.50				
* 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.				
X 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)				
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: * First Name: Brian				
Middle Name:				
* Last Name: Hawkins Suffix:				
* Title: Chairman, Hernando County Board of County Commissioners				
* Telephone Number: (352) 754-4000 Fax Number:				
* Email: BHawkins@co.hernando.fl.us * Signature of Authorized Representative:				