Application for Federal Assistance SF-424			
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	X New		
X Application	Continuation	* Other (Specify):	
Changed/Corrected Application	Revision		
* 3. Date Received:	4. Applicant Identifier:		
Completed by Grants.gov upon submission. 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 No	umber (EIN/TIN):	* c. UEI:	
59-1155275		MWKBKNTZ9SW7	
d. Address:			
* Street1: 15470 Flight Pat	th 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 person to be contacted on matters involving this application:			
Prefix: Ms.	* First Name	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:			
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 & Urban Development (HUD)			
11. Catalog of Federal Domestic Assistance Number:			
14.218			
CFDA Title:			
Community Development Block Grant (CDBG)			
* 12. Funding Opportunity Number:			
* Title:			
Community Development Block Grant (CDBG)			
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:			
Promote a suitable living environment through public facilities/infrastructure improvements, addressing slum and blight, public services, improving homeless response, planning and administration.			
Attach supporting documents as specified in agency instructions.			
Add Attachments Delete Attachments View Attachments			

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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: 10/1/2025 * b. End Date: 9/30/2026			
18. Estimated Funding (\$):			
* a. Federal \$1,137,403.00			
* b. Applicant			
* c. State			
* d. Local			
* e. Other			
* f. Program Income * g. TOTAL \$1,137,403.00			
* 9. TOTAL \$1,137,403.00 * 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) 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:			