

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:**

4. Applicant Identifier:

FL591155275004

5a. Federal Entity Identifier:

59-1155275

5b. Federal Award Identifier:

285

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Hernando County Board of County Commissioners

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-1155275

*** c. UEI:**

MWKBKNTZ9SW7

d. Address:

*** Street1:** 15470 Flight Path Dr

Street2:

*** City:** Brooksville

County/Parish:

*** State:** FL: Florida

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 34604-6823

e. Organizational Unit:

Department Name:

Department of Public Works

Division Name:

Mass Transit

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.

*** First Name:** Darlene

Middle Name:

*** Last Name:** Lollie

Suffix:

Title: Transit Administrator

Organizational Affiliation:

*** Telephone Number:** 352-540-6567

Fax Number:

*** Email:** dlollie@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:

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grants for Rural Area

* 12. Funding Opportunity Number:

FFY2025_SF2026 FTA Section 5311

* Title:

FFY2025_SF2026 FTA Section 5311 - Formula Grants for Rural Areas Statewide

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:

Purchase twelve, 27" Ruggedized Intelligent Bus Infotainment Displays needed for transit service information and county information inside vehicles used for fixed route and ADA services.

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 * b. Program/Project

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

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

*** 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

* Date Signed: **APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

BY: Natasha Lopez Perez
County Attorney's Office