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

| Application for Federal Assistance SF-424 | | | |
|--|-------------------|--|--|
| * 1. Type of Submission: | of Application: * | If Revision, select appropriate letter(s): | |
| Preapplication New | v | | |
| Application Con | tinuation * | Other (Specify): | |
| Changed/Corrected Application Rev | vision | | |
| * 3. Date Received: 4. Applicant Identifier: | | | |
| FL591155275004 | | | |
| 5a. Federal Entity Identifier: | | 5b. Federal Award Identifier: | |
| 59-1155275 | | 285 | |
| State Use Only: | | | |
| 6. Date Received by State: 7. State Application Ide | | dentifier: | |
| 8. APPLICANT INFORMATION: | | | |
| * a. Legal Name: Hernando County Board of County Commissioners | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): | | * c. UEI: | |
| 59-1155275 | | 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: | | Division Name: | |
| Department of Public Works | | 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_SFY2026 FTA Section 5311 | | |
| * Title: | | |
| FFY2025_SFY2026 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 12 * 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: 02/01/2026 * b. End Date: 09/30/2026 | | | | |
| 18. Estimated Funding (\$): | | | | |
| * a. Federal 100,000.00 | | | | |
| * b. Applicant | | | | |
| * c. State | | | | |
| * d. Local 0.00 | | | | |
| * e. Other | | | | |
| * f. Program Income | | | | |
| * g. TOTAL 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 | | | | |
| 24 *Dy signing this application I sortify (4) to the statements contained in the list of contifications** and (2) that the statements | | | | |
| 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: | | | | |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY | | | | |

BY: Nataska López Perez County Attorney's Office