

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/>	
		* Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="08/16/2024"/>		4. Applicant Identifier: <input type="text" value="Hernando County"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="Hernando County"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-1155275"/>		* c. UEI: <input type="text" value="MWKKBKNTZ9SW7"/>	
d. Address:			
* Street1:	<input type="text" value="15470 Flight Path Dr"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Brooksville"/>		
County/Parish:	<input type="text"/>		
* State:	<input type="text" value="FL: Florida"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="34604-6823"/>		
e. Organizational Unit:			
Department Name: <input type="text" value="Board of County Commissioners"/>		Division Name: <input type="text" value="Housing & Supportive Services"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Veda"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Ramirez"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Director"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	<input type="text" value="(352) 540-4338"/>	Fax Number:	<input type="text" value="(352) 540-4339"/>
* Email:	<input type="text" value="vramirez@co.hernando.fl.us"/>		

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*** 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 (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

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="392,305.04"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="392,305.04"/>

*** 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

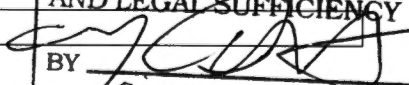
21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an 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:

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
BY 
County Attorney's Office

* Signature of Authorized Representative: 

* Date Signed: