

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): _____ * Other (Specify): _____		
* 3. Date Received: _____		4. Applicant Identifier: 12001
5a. Federal Entity Identifier: 59-6000531		5b. Federal Award Identifier: B-18-UC-12-0001
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: Broward County		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000531		* c. Organizational DUNS: 0669383580000
d. Address:		
* Street1: 110 NE 3rd Street		
Street2: _____		
* City: Fort Lauderdale		
County/Parish: Broward		
* State: FL: Florida		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 33301-1034		
e. Organizational Unit:		
Department Name: Env. Protection and Growth Mgm		Division Name: Housing Finance & Comm. Redeve
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		* First Name: Ralph
Middle Name: _____		
* Last Name: Stone		
Suffix: _____		
Title: Director		
Organizational Affiliation: _____		
* Telephone Number: (954) 357-5320		Fax Number: (954) 357-8221
* Email: RStone@Broward.org		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="B: County Government"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="United States Department of Housing and Urban Development"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text"/>		
CFDA Title:		
<input type="text"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="14.218"/>		
* Title:		
<input type="text" value="Community Development Block Grant (CDBG)"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
	<input type="button" value="View Attachment"/>	
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="2018-2019 Annual Action Plan"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="20"/>	* b. Program/Project: <input type="text" value="20, 22"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2018"/>	* b. End Date: <input type="text" value="09/30/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="2,728,858.00"/>
* b. Applicant	<input style="background-color: yellow; border: 2px solid red;" type="text"/>
* c. State	<input style="background-color: yellow; border: 2px solid red;" type="text"/>
* d. Local	<input style="background-color: yellow; border: 2px solid red;" type="text"/>
* e. Other	<input style="background-color: yellow; border: 2px solid red;" type="text"/>
* f. Program Income	<input type="text" value="135,000.00"/>
* g. TOTAL	<input type="text" value="2,863,858.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="background-color: yellow; border: 2px solid red;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Bertha"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Henry"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="County Administrator"/>	
* Telephone Number: <input type="text" value="(954) 357-7362"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="BHenry@Broward.org"/>	
* Signature of Authorized Representative: <input style="background-color: yellow; border: 2px solid red;" type="text"/>	* Date Signed: <input style="background-color: yellow; border: 2px solid red;" type="text"/>

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): _____ * Other (Specify): _____		
* 3. Date Received: _____	4. Applicant Identifier: 12001	
5a. Federal Entity Identifier: 59-6000531	5b. Federal Award Identifier: M-18-DC-12-0201	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Broward County		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000531	* c. Organizational DUNS: 0669383580000	
d. Address:		
* Street1: 110 NE 3rd Street	_____	
Street2:	_____	
* City: Fort Lauderdale	_____	
County/Parish: Broward	_____	
* State: FL: Florida	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 33301-1034	_____	
e. Organizational Unit:		
Department Name: Env. Protection and Growth Mgm	Division Name: Housing Finance & Comm. Redeve	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Ralph	
Middle Name:	_____	
* Last Name: Stone	_____	
Suffix:	_____	
Title: Director	_____	
Organizational Affiliation: _____		
* Telephone Number: (954) 357-5320	Fax Number: (954) 357-8221	
* Email: RStone@Broward.org		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="B: County Government"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="United States Department of Housing and Urban Development"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text"/>		
CFDA Title:		
<input type="text"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="14.239"/>		
* Title:		
<input type="text" value="HOME Investment Partnership Program (HOME)"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="2018-2019 Annual Action Plan"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="20"/>	* b. Program/Project: <input type="text" value="20,22"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2018"/>	* b. End Date: <input type="text" value="09/30/2019"/>
18. Estimated Funding (\$):	
* a. Federal	3,657,388.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	230,000.00
* g. TOTAL	3,887,388.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="background-color: yellow;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Bertha"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Henry"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="County Administrator"/>	
* Telephone Number: <input type="text" value="(954) 357-7362"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="BHenry@Broward.org"/>	
* Signature of Authorized Representative: <input style="background-color: yellow;" type="text"/>	* Date Signed: <input style="background-color: yellow;" type="text"/>

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"/>	4. Applicant Identifier: <input type="text" value="12001"/>	
5a. Federal Entity Identifier: <input type="text" value="59-6000531"/>	5b. Federal Award Identifier: <input type="text" value="E-18-UC-12-0001"/>	
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="Broward County"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000531"/>	* c. Organizational DUNS: <input type="text" value="0669383580000"/>	
d. Address:		
* Street1: <input type="text" value="110 NE 3rd Street"/>	Street2: <input type="text" value="Suite 300"/>	
* City: <input type="text" value="Fort Lauderdale"/>	County/Parish: <input type="text" value="Broward"/>	
* 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="33301-1034"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Env. Protection and Growth Mgm"/>	Division Name: <input type="text" value="Housing Finance & Comm. Redeve"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Ralph"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Stone"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Director"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(954) 357-5320"/>	Fax Number: <input type="text" value="(954) 357-8221"/>	
* Email: <input type="text" value="RStone@Broward.org"/>		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="B: County Government"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="United States Department of Housing and Urban Development"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text"/>		
CFDA Title:		
<input type="text"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="14.231"/>		
* Title:		
<input type="text" value="Emergency Solutions Grant (ESG)"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="2018-2019 Annual Action Plan"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="20"/>	* b. Program/Project: <input type="text" value="20,22"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2018"/>	* b. End Date: <input type="text" value="09/30/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="217,454.00"/>
* b. Applicant	<input style="background-color: yellow;" type="text"/>
* c. State	<input style="background-color: yellow;" type="text"/>
* d. Local	<input style="background-color: yellow;" type="text"/>
* e. Other	<input style="background-color: yellow;" type="text"/>
* f. Program Income	<input style="background-color: yellow;" type="text"/>
* g. TOTAL	<input type="text" value="217,454.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="background-color: yellow;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Bertha"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Henry"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="County Administrator"/>	
* Telephone Number: <input type="text" value="(954) 357-7362"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="BHenry@Broward.org"/>	
* Signature of Authorized Representative: <input style="background-color: yellow;" type="text"/>	* Date Signed: <input style="background-color: yellow;" type="text"/>