OMB Number: 4040-0004 Expiration Date: 12/31/2019

Application for Federal Assistance SF-424							
*1. Type of Submission: Preapplication Application Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): New Continuation * Other (Specify):					
* 3. Date Received:		4. Appli	cant Identifier:				
5a. Federal Entity Identifier: 59-6000531			_ ا	5b. Federal Award Identifier: B-18-UC-12-0001			
State Use Only:				_			
6. Date Received by	State:		7. State Application I	Identifier:			
8. APPLICANT INFO	RMATION:						
* a. Legal Name: Br	coward County						
* b. Employer/Taxpay	er Identification Nur	mber (EIN	I/TIN):	1-	c. Organizational DUNS:		
d. Address:							
* Street1: Street2:	110 NE 3rd Street						
* City:	Fort Lauderdale						
County/Parish:	Broward						
* State:					FL: Florida		
Province:							
* Country:					USA: UNITED STATES		
e. Organizational U							
Department Name:				T	Division Name:		
Env. Protection and Growth N		igm			Housing Finance & Comm. Redeve		
f. Name and contac	t information of p	erson to	be contacted on ma	atte	ers involving this application:		
Prefix: Mr.		1	* First Name	:	Ralph		
Middle Name:							
* Last Name: Sto	ne						
Suffix:							
Title: Director							
Organizational Affiliat	ion:						
* 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:				
B: County Government				
Type of Applicant 2: Select Applicant Type:				
Type of Applicant 3: Select Applicant Type:				
* Other (specify):				
* 10. Name of Federal Agency:				
United States Department of Housing and Urban Development				
11. Catalog of Federal Domestic Assistance Number:				
CFDA Title:				
* 12. Funding Opportunity Number:				
14.218				
*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				
Add Attacriment Defete Attacriment				
* 15. Descriptive Title of Applicant's Project:				
2018-2019 Annual Action Plan				
Attach supporting documents as specified in agency instructions.				
Add Attachments Delete Attachments View Attachments				

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Application for Federal Assistance SF-424						
16. Congressional Districts Of:						
* a. Applicant	20		* b. Prog	gram/Project 20,22		
Attach an addition	onal list of Program/Project C	ongressional Districts if needed.				
		Add Attach	ment Delete	Attachment View	/ Attachment	
17. Proposed F	Project:					
* a. Start Date:	10/01/2018		*	b. End Date: 09/30/	/2019	
18. Estimated F	Funding (\$):					
* a. Federal	ka a Sasaa	2,728,858.00				
* b. Applicant						
* c. State						
* d. Local						
* e. Other						
* f. Program Inc	ome	135,000.00			*	
* g. TOTAL		2,863,858.00				
* 19. Is Applica	tion Subject to Review By	State Under Executive Order	2372 Process?			
a. This app	lication was made availabl	e to the State under the Executi	ve Order 12372 Pro	cess for review on		
b. Program	is subject to E.O. 12372 b	ut has not been selected by the	State for review.			
c. Program	is not covered by E.O. 123	72.				
* 20. Is the App	licant Delinquent On Any	Federal Debt? (If "Yes," provi	de explanation in at	tachment.)		
Yes	⊠ No					
If "Yes", provid	e 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 218, 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:	Ms.	* First Name: Be	rtha			
Middle Name:						
* Last Name:	Henry					
Suffix:						
*Title: County Administrator						
* Telephone Number: (954) 357-7362 Fax Number:						
* Email: BHenry@Broward.org						
* Signature of Authorized Representative:						

OMB Number: 4040-0004 Expiration Date: 12/31/2019

Application for Federal Assistance SF-424					
* 1. Type of Submission:	* 2. Type of Application: * If Revision, select appropriate letter(s):				
Preapplication	New				
Application	Continuation * Other (Specify):				
Changed/Corrected Application					
	Revision				
* 3. Date Received:	4. Applicant Identifier:				
	12001				
5a. Federal Entity Identifier:	5b. Federal Award Identifier:				
59-6000531	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 Num	nber (EIN/TIN): * c. Organizational DUNS:				
59-6000531	0669383580000				
d. Address:					
* Street1: 110 NE 3rd St	reet				
Street2:					
	Fort Lauderdale				
County/Parish: Broward					
* State:	FL: Florida				
Province:					
* Country:	USA: UNITED STATES				
* Zip / Postal Code: 33301-1034					
e. Organizational Unit:					
Department Name:	Division Name:				
Env. Protection and Growth M	gm Housing Finance & Comm. Redeve				
	erson to be contacted on matters involving this application:				
Prefix: Mr.	* First Name: Ralph				
Middle Name:					
* Last Name: Stone					
Suffix:					
Title: Director					
Organizational Affiliation:					
S. ga. neadonal / minduoli.	Organizational Anniation.				
* 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:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
United States Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
CFDA Title:
* 12. Funding Opportunity Number:
14.239
*Title: HOME Investment Partnership Program (HOME)
HOME THVEStment Partnership Program (NOME)
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
7.00 / MLOSIIII ON DOOR STATE OF THE PROPERTY
* 15. Descriptive Title of Applicant's Project:
2018-2019 Annual Action Plan
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

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Application for Federal Assistance SF-424						
16. Congressional Districts Of:						
* a. Applicant 20 * b. Program/Project 20,22						
Attach an additional list of Program/Project Congressional Districts if needed.						
Add Attachment Delete Attachment View Attachment						
17. Proposed Project:						
* a. Start Date: 10/01/2018 * b. End Date: 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?						
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 218, 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: Ms. * First Name: Bertha						
Middle Name:						
* Last Name: Henry						
Suffix:						
* Title: County Administrator						
* Telephone Number: (954) 357-7362 Fax Number:						
*Email: BHenry@Broward.org						
* Signature of Authorized Representative:						

OMB Number: 4040-0004 Expiration Date: 12/31/2019

Application for Federal Assistance SF-424							
Preapplication New		ew [* If Revision, select appropriate letter(s): * Other (Specify):				
* 3. Date Received: 4. Applicant Identifier: 12001		cant Identifier:					
5a. Federal Entity Identifier: 59-6000531			П	5b. Federal Award Identifier: E-18-UC-12-0001			
State Use Only:				•			
6. Date Received	by State:		7. State Application	Identifier:			
8. APPLICANT II	NFORMATION:						
* a. Legal Name:	Broward County						
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000531			I/TIN):	ш	* c. Organizational DUNS: 0669383580000		
d. Address:							
* Street1: Street2: * City:	Suite 300	110 NE 3rd Street Suite 300 Fort Lauderdale					
County/Parish: * State:	Broward	Broward FL: Florida					
Province:							
* Country:					USA: UNITED STATES		
* Zip / Postal Cod	e: 33301-1034						
e. Organizationa	al Unit:						
Department Name:		T	Division Name:				
Env. Protection and Growth Mgm				Housing Finance & Comm. Redeve			
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix:	۱r.		* First Name	e:	Ralph		
Middle Name:							
_	Stone						
Suffix:							
Title: Directo	r						
Organizational Af	Organizational Affiliation:						
For Number Top 1957 2003							
* 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:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
United States Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
CFDA Title:
* 12. Funding Opportunity Number:
14.231
*Title: Emergency Solutions Grant (ESG)
Emergency sorucions Grane (EGG)
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:
2018-2019 Annual Action Plan
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

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Application for Federal Assistance SF-424					
16. Congressional Districts Of: * a. Applicant 20					
Attach an additional list of Program/Project Congressional Districts if needed.					
Add Attachment Delete Attachment View Attachment					
17. Proposed Project: * a. Start Date: 10/01/2018					
18. Estimated Funding (\$):					
*a. Federal 217, 454.00 *b. Applicant *c. State *d. Local *e. Other *f. Program Income *a. TOTAL 217, 454.00					
*g. TOTAL 217, 454.00 *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					
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Authorized Representative:					
Prefix: Ms. *First Name: Bertha Middle Name: *Last Name: Henry Suffix:					
*Title: County Administrator					
* Telephone Number: (954) 357-7362 Fax Number:					
*Email: BHenry@Broward.org					
* Signature of Authorized Representative: * Date Signed:					