

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

CITY OF DELRAY BEACH

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

59-6000308

* c. Organizational DUNS:

0772837370000

d. Address:

* Street1:

100 NW 1ST AVENUE

Street2:

* City:

DELRAY BEACH

County/Parish:

PALM BEACH

* State:

FL

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33444

e. Organizational Unit:

Department Name:

NEIGHBORHOOD & COMMUNITY SERVICES

Division Name:

NEIGHBORHOOD SERVICES

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

Prefix:

* First Name:

FERLINE

Middle Name:

* Last Name:

MESIDORT

Suffix:

Title:

NEIGHBORHOOD SERVICES ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

561-243-7282

Fax Number:

561-243-7221

* Email:

MESIDORT@MYDELRAYBEACH.COM

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

CITY OR TOWNSHIP 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:

14-218

CFDA Title:

COMMUNITY DEVELOPMENT BLOCK GRANTS/ENTITLEMENT GRANTS CDBG PROGRAM FOR ENTITLEMENT COMMUNITIES

* 12. Funding Opportunity Number:

* Title:

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:

CDBG FIVE-YEAR AND ANNUAL ACTION PLAN

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

22

* b. Program/Project

FL-022

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

* b. End Date:

09/30/2024

18. Estimated Funding (\$):

* a. Federal

531,055

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

531,055

*** 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:

MRS.

* First Name:

SHELLY

Middle Name:

* Last Name:

PETROLIA

Suffix:

* Title:

MAYOR

* Telephone Number:

561-243-7010

Fax Number:

* Email:

PETROLIA@MYDELRAYBEACH.COM

* Signature of Authorized Representative:

* Date Signed: