

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

***2. Type of Application**

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s)

A. Increase Award C. Increase Duration

*Other (Specify)

3. Date Received:

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: Lake County Board of County Commissioners

*b. Employer/Taxpayer Identification Number (EIN/TIN):
59-000695

*c. Organizational DUNS:
079214136

d. Address:

*Street 1: 315 W. Main St.

Street 2: _____

*City: Tavares

County: Lake

*State: Florida

Province: _____

*Country: USA

*Zip / Postal Code 32778

e. Organizational Unit:

Department Name:
Community Services

Division Name:
Housing and Community Development

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

Prefix: Mr. *First Name: William

Middle Name: A.

*Last Name: Gearing

Suffix: _____

Title: Community Enhancement Coordinator

Organizational Affiliation:

*Telephone Number: 352-742-6515

Fax Number: 352-742-6535

*Email: wgearing@lakecountyfl.gov

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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: Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: _____ CFDA Title: _____	
*12 Funding Opportunity Number: FR-5309-N-01 _____ *Title: CDBG Program Funding under the American Recovery and Reinvestment Act of 2009 _____	
13. Competition Identification Number: _____ Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): Lake County	
*15. Descriptive Title of Applicant's Project: Lake County CDBG-R Projects	

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16. Congressional Districts Of:
 *a. Applicant: FL-003;FL-005;FL-006;FL-008
 *b. Program/Project: FL-003;FL-005;FL-006;FL-008

17. Proposed Project:
 *a. Start Date: May 5, 2009
 *b. End Date: September 30, 2012

18. Estimated Funding (\$):

*a. Federal	\$263,083.00
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$263,083.00

***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.)**

Yes No

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: Mr. *First Name: Welton

Middle Name: G.

*Last Name: Cadwell

Suffix: _____

*Title: Chairman, Lake County Board of County Commissioners

*Telephone Number: 352-343-9850 Fax Number: 352-343-9495

* Email: wcadwell@lakecountyfl.gov

*Signature of Authorized Representative:  *Date Signed: 6/15/09

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.