

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:**

7/13/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

B-19-MC-120003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Cocoa

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

59-6000292

*** c. Organizational DUNS:**

0791956080000

d. Address:

*** Street1:**

65 Stone Street

Street2:

*** City:**

Cocoa

County/Parish:

*** State:**

FL

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

32922-7982

e. Organizational Unit:

Department Name:

Community Services

Division Name:

Housing and Neighborhood Services

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

Prefix:

Mrs.

*** First Name:**

Charlene

Middle Name:

*** Last Name:**

Neuterman

Suffix:

Title: Interim Community Services Director

Organizational Affiliation:

City of Cocoa

*** Telephone Number:** 321-433-8509

Fax Number: 321-433-8543

*** Email:** cneuterman@cocoafl.org

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*** 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:**

City of Cocoa

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant (CDBG) Entitlement Grant

*** 12. Funding Opportunity Number:**

* Title:

Community Development Block Grant Coronavirus (CDBG-CV)

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:**

This CDBG-CV Application includes administration and public services:

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: <input style="width: 50px;" type="text" value="15"/>	* b. Program/Project: <input style="width: 50px;" type="text" value="15"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 150px;" 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 style="width: 50px;" type="text" value="9/1/2021"/>	* b. End Date: <input style="width: 50px;" type="text" value="8/31/2023"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 100px;" type="text" value="236,715.00"/>
* b. Applicant	<input style="width: 100px;" type="text"/>
* c. State	<input style="width: 100px;" type="text"/>
* d. Local	<input style="width: 100px;" type="text"/>
* e. Other	<input style="width: 100px;" type="text"/>
* f. Program Income	<input style="width: 100px;" type="text"/>
* g. TOTAL	<input style="width: 100px;" type="text" value="236,715.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" 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 style="width: 150px;" 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 style="width: 50px;" type="text" value="Mr."/>	* First Name: <input style="width: 100px;" type="text" value="Michael"/>
Middle Name: <input style="width: 50px;" type="text" value="Cavis"/>	
* Last Name: <input style="width: 100px;" type="text" value="Blake"/>	
Suffix: <input style="width: 50px;" type="text"/>	
* Title: <input style="width: 100px;" type="text" value="Mayor"/>	
* Telephone Number: <input style="width: 50px;" type="text" value="(321)433-8488"/>	Fax Number: <input style="width: 50px;" type="text" value="(321)433-8498"/>
* Email: <input style="width: 100px;" type="text" value="Mblake@cocoaf1.org"/>	
* Signature of Authorized Representative: <input style="width: 100px;" type="text"/>	* Date Signed: <input style="width: 50px;" type="text" value="7/13/2021"/>