

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 Fort Pierce

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

59-6000322

* c. UEI:

hd7sd9pnkna5

d. Address:

* Street1:

100 North U.S Highway 1

Street2:

* City:

Fort Pierce

County/Parish:

* State:

FL

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

34950-1480

e. Organizational Unit:

Department Name:

Finance

Division Name:

Grants Administration Division

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

Prefix:

Ms.

* First Name:

Donnella

Middle Name:

* Last Name:

Clarke

Suffix:

Title: Grants Manager

Organizational Affiliation:

* Telephone Number:

772-467-3161

Fax Number:

* Email:

dclarke@cityoffortpierce.com

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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:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant

*** 12. Funding Opportunity Number:**

* Title:

Annual Action Plan FY 2025

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:**

Funding to address economic development, infrastructure, housing, and public service needs.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant [Redacted]

* b. Program/Project **FL-18**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **10-1-2025**

* b. End Date: **9-30-2026**

18. Estimated Funding (\$):

| | |
|---------------------|------------------|
| * a. Federal | \$574,680 |
| * b. Applicant | [Redacted] |
| * c. State | [Redacted] |
| * d. Local | [Redacted] |
| * e. Other | [Redacted] |
| * f. Program Income | [Redacted] |
| * g. TOTAL | \$574,680 |

*** 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 [Redacted].
- 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 18, 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: **Linda**
Middle Name: [Redacted]
* Last Name: **Hudson**
Suffix: [Redacted]

* Title: **Finance Director**

* Telephone Number: **772-467-3065** Fax Number: [Redacted]

* Email: **lhudson@cityoffortpierce.com**

* Signature of Authorized Representative: [Redacted] [Redacted]