

Application for Federal Assistance SF-424			
* 1. Type of Submission:	* 2. Type of Application: * If Revision, select appropriate letter(s):		
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> Other (Specify):	
* 3. Date Received:	4. Applicant Identifier:		
05/29/2025			
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:	Indian River County		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:		
59-6000674	FP3SLJJZ38K9		
d. Address:			
* Street1:	1801 27th Street		
Street2:			
* City:	Vero Beach		
County/Parish:			
* State:	FL: Florida		
Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	32960-3365		
e. Organizational Unit:			
Department Name:	Division Name:		
Planning and development Serv	Metropolitan Planning Org.		
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Brian		
Middle Name:			
* Last Name:	Freeman		
Suffix:			
Title:	MPO Staff Director		
Organizational Affiliation:			
* Telephone Number:		772-226-1990	
Fax Number:			
* Email: Bfreeman@indianriver.gov			

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:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grants for Rural Areas

* 12. Funding Opportunity Number:

NA

* Title:

5311 Formula Grant

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:

Continued funding for GoLine Route 10 rural service.

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 * b. Program/Project

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

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**17. Proposed Project:*** a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="180,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="90,000.00"/>
* d. Local	<input type="text" value="90,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="360,000.00"/>

*** 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 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: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: