Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
04/13/2023	

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:

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

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:	Division Name:
Community Development Dept.	Metropolitan Planning Org.

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

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title: MPO Staff Director

Organizational Affiliation:

* Telephone Number:	Fax Number:

* Email:

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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:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grants for Rural Areas

* 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:

Continued funding for GoLine Route 10 rural service.

Attach supporting documents as specified in agency instructions.

| Add Attachments | Delete Attachments | View Attachments |

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16. Congressional Districts Of:

* a. Applicant `FL-008`   * b. Program/Project `FL-8`

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

[   ] Add Attachment   Delete Attachment   View Attachment

17. Proposed Project:

* a. Start Date: `10/01/2023`   * b. End Date: `09/30/2024`

18. Estimated Funding ($):

* a. Federal	180,000.00
* b. Applicant	0.00
* c. State	90,000.00
* d. Local	90,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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: `Andrew`

Middle Name: [   ]

* Last Name: `Sobzcak`

Suffix: [   ]

* Title: `Interim Community Development Director`

* Telephone Number: `772-226-1253`   Fax Number: [   ]

* Email: `asobczak@ircgov.com`

* Signature of Authorized Representative: [   ]   * Date Signed: `04/24/2023`