

**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):

\* 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 PORT ST. LUCIE

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

59-6141662

\* c. Organizational DUNS:

02-520-4173

**d. Address:**

\* Street1:

121 SW PORT ST. LUCIE BLVD.

Street2:

\* City:

PORT ST. LUCIE

County:

ST. LUCIE

\* State:

FLORIDA

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

34983

**e. Organizational Unit:**

Department Name:

COMMUNITY SERVICES

Division Name:

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

Prefix:

MS.

\* First Name:

TRICIA

Middle Name:

\* Last Name:

SWIFT-POLLARD

Suffix:

Title:

ACTING ASST DIRECTOR - COMMUNITY SERVICES

Organizational Affiliation:

CITY OF PORT ST. LUCIE

\* Telephone Number:

772-871-5284

Fax Number:

772-344-4340

\* Email:

TriciaP@cityofpsl.com

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**9. Type of Applicant 1: Select Applicant Type:**

MUNICIPAL

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

NGMS Agency DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**11. Catalog of Federal Domestic Assistance Number:**

14-218

CFDA Title:

CDBG/ENTITLEMENT GRANT

**\* 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

CITY OF PORT ST. LUCIE

**\* 15. Descriptive Title of Applicant's Project:**

COMMUNITY DEVELOPMENT BLOCK GRANT ANNUAL REPORT (CAPER) FOR 2007

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$676,236"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$676,236"/>

**\* 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:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.