OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 01/16/2025

4. Applicant Identifier: 20020612218OC

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: Orange County Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000773

* c. UEI: ZAMZMX9ZHCM9

d. Address:

* Street1: 525 E. South Street

Street2:

* City: Orlando

County/Parish:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 32801-1393

e. Organizational Unit:

Department Name: Planning, Env and Dev Services

Division Name: Housing and Community Developm

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

Prefix: Mr.

* First Name: Mitchell

Middle Name: L.

* Last Name: Glasser

Suffix:

Title: Division Manager

Organizational Affiliation: County Division

* Telephone Number: 407-836-5190

Fax Number: 407-836-5114

* Email: Mitchell.Glasser@ocfl.net

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant (CDBG)

*** 12. Funding Opportunity Number:**

B25UU120005

* Title:

Community Development Block Grant - Disaster Recovery(CDBG-DR)

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:**

Capital Projects, Housing Projects, Infrastructure Improvements, Mitigation Projects, Public Services, Planning, and Administration

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: 5,7,8 | * b. Program/Project: 5,7,8

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2025 | * b. End Date: 07/01/2031

18. Estimated Funding ($):

* a. Federal	33,357,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	33,357,000.00

*** 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: Mayor | * First Name: Jerry

Middle Name: L.

* Last Name: Demings

Suffix:

* Title: Orange County Mayor

* Telephone Number: 407-836-7370 | Fax Number:

* Email: JDemings@ocfl.net

* Signature of Authorized Representative: | * Date Signed: