OMB Number: 4040-0004
Expiration Date: 12/31/2019

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: 09/15/2019

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: Florida Department of Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 593502843

* c. Organizational DUNS: 3642150610000

d. Address:

* Street1: 4052 Bald Cypress Way Bin-A-08
Street2:
* City: Tallahassee
County/Parish:
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 32399-1710

e. Organizational Unit:

Department Name: Florida Department of Health

Division Name: Disease Control and Health Pro

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

Prefix:
* First Name: Xueqing
Middle Name:
* Last Name: Gao
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (850) 245-4579

Fax Number:

* Email: Xueqing.Gao@flhealth.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.204

CFDA Title:

Multipurpose Grants to States and Tribes

*** 12. Funding Opportunity Number:**

EPA-CEP-02

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

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

1238-Project Area.docx

Add Attachment | Delete Attachment | View Attachment

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

Using Nitrogen-Reducing Biofilter Systems to Control Nitrogen Loads from Onsite Sewage Treatment and Disposal Systems

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 FL006 * b. Program/Project FL-All

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2020 * b. End Date: 06/30/2021

18. Estimated Funding ($):

* a. Federal	56,642.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	56,642.00

*** 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 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: Dawn

Middle Name:

* Last Name: McWilliam

Suffix:

* Title: Budget and Revenue Management Chief

* Telephone Number: (850) 245-4227 Fax Number:

* Email: Dawn.McWilliam@flhealth.gov

* Signature of Authorized Representative: W. David Polk * Date Signed: 09/15/2019