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: 09/03/2019

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 Environmental Protection

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-60007353

* c. Organizational DUNS: 8093966900000

**d. Address:**

* Street1: 3900 Commonwealth Boulevard
Street2: MS3505
* City: Tallahassee
County/Parish: Leon
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 32399-3000

**e. Organizational Unit:**

Department Name: Environmental Protection

Division Name: Water Restoration Assistance

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

Prefix: Mrs.
* First Name: Shanin
Middle Name:
* Last Name: Speas-Frost
Suffix:

Title: Program Administrator

Organizational Affiliation: Drinking Water State Revolving Fund

* Telephone Number: 850-245-2991
Fax Number:

* Email: shanin.speasfrost@dep.state.fl.us

## 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:**

66.468

CFDA Title:

Capitalization Grants for Drinking Water State Revolving Funds

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

**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:**

Funds will be used to provide financial assistance for the construction of drinking water facilities in accordance with the Safe Drinking Water Act.

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: all

* b. Program/Project: all

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2019

* b. End Date: 06/30/2025

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

| | |
|---|---|
| * a. Federal | 43,187,400.00 |
| * b. Applicant | 0.00 |
| * c. State | 8,663,200.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 51,850,600.00 |

*** 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 .
- [x] 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
- [x] 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)**

- [x] ** 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: Mrs.

* First Name: Trina

Middle Name:

* Last Name: Vielhauer

Suffix:

* Title: Division Director

* Telephone Number: 850-245-2998

Fax Number:

* Email: trina.vielhauer@dep.state.fl.us

* Signature of Authorized Representative: Michael H Isaacson

* Date Signed: 09/03/2019