OMB Number: 4040-0004
Expiration Date: 12/31/2022

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: 05/25/2021

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): 59-6007353

* c. Organizational DUNS: 8093966900000

d. Address:

* Street1: 2600 Blair Stone Road
Street2:
* City: Tallahassee
County/Parish:
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 32399-2400

e. Organizational Unit:

Department Name: FDEP

Division Name: Division of Waste Management

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

Prefix: Mr.
* First Name: Fletcher
Middle Name:
* Last Name: Herrald
Suffix:

Title: Program Administrator

Organizational Affiliation:

* Telephone Number: (850) 245-8710
Fax Number:

* Email: fletcher.herrald@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:

66.804

CFDA Title:

Underground Storage Tank (UST) Prevention, Detection, and Compliance Program

*** 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.):

Add Attachment | Delete Attachment | View Attachment

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

Funds will be used for information technology staff augmentation contracts for development and maintenance of computer software used to conduct storage tank compliance inspections.

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: FL-all

* 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: 10/01/2020

* b. End Date: 09/30/2022

18. Estimated Funding ($):

* a. Federal	700,000.00
* b. Applicant	427,445.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,127,445.00

*** 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 05/03/2021.

☐ 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: Mr.

* First Name: Fletcher

Middle Name:

* Last Name: Herrald

Suffix:

* Title: Program Administrator

* Telephone Number: (850) 245-8710

Fax Number:

* Email: fletcher.herrald@dep.state.fl.us

* Signature of Authorized Representative: Fletcher H Herrald

* Date Signed: 05/25/2021