

## Application for Federal Assistance SF-424

## \* 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:

## 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:

Brazoria County

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

74-6000044

## \* c. UEI:

N1GLHP8EWD9

## d. Address:

## \* Street1:

1524 E. Mulberry, Suite 162

## Street2:

## \* City:

Angleton

## County/Parish:

## \* State:

TX: Texas

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

77515-3913

## e. Organizational Unit:

## Department Name:

## Division Name:

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

## Prefix:

## \* First Name:

Daphne

## Middle Name:

## \* Last Name:

Lemelle

## Suffix:

## Title:

Director, Community Development Department

## Organizational Affiliation:

## \* Telephone Number:

979-864-1860

## Fax Number:

## \* Email:

daphnel@brazoriacountytx.gov

# 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:

14.239

## CFDA Title:

HOME Investment Partnership Program

## \* 12. Funding Opportunity Number:

M-24-UC-48-0230

## \* Title:

HOME Investment Partnership Program

## 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:

Homeowner Housing Rehabilitation/Reconstruction and General 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 14; 22

\* b. Program/Project 14; 22

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 10/01/2025

\* b. End Date: 09/30/2026

## 18. Estimated Funding (\$):

* a. Federal	440,636.52
* b. Applicant	
* c. State	
* d. Local	110,159.13
* e. Other	
* f. Program Income	0.00
* g. TOTAL	550,795.65

## \* 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: \* First Name: L.M. "Matt"

Middle Name:

\* Last Name: Sebesta

Suffix: Jr.

\* Title: Brazoria County Judge

\* Telephone Number: 979-864-1200

Fax Number:

\* Email: matts@brazoriacountytx.gov

\* Signature of Authorized Representative:



\* Date Signed: 08/12/2025

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

76-000044

## \* c. UEI:

N1GLHP8EWH09

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## Suffix:

## Title: Director, Community Development Department

## Organizational Affiliation:

## \* Telephone Number: 979-864-1860

## Fax Number:

## \* Email: daphnel@brazoriacountytx.gov

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## 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

## \* 12. Funding Opportunity Number:

B-24-UC-48-0005

## \* Title:

Community Development Block Grant

## 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:

Public Facilities, Infrastructure, Public Services and General Administration

Attach supporting documents as specified in agency instructions.

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## 17. Proposed Project:

\* a. Start Date: 10/01/2024

\* b. End Date: 09/30/2025

## 18. Estimated Funding (\$):

* a. Federal	1,427,334.00
* b. Applicant	
* c. State	
* d. Local	0.00
* e. Other	
* f. Program Income	
* g. TOTAL	1,427,334.00

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