

| Application for Federal Assistance SF-424 | | |
|---|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | |
| * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> | | |
| * 3. Date Received: <input type="text"/> | | 4. Applicant Identifier: <input type="text"/> |
| 5a. Federal Entity Identifier: <input type="text"/> | | 5b. Federal Award Identifier: <input type="text"/> |
| State Use Only: | | |
| 6. Date Received by State: <input type="text"/> | | 7. State Application Identifier: <input type="text"/> |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: <input type="text" value="Brazoria County"/> | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="76-000044"/> | | * c. UEI: <input type="text" value="N1GLHP8EWH9"/> |
| d. Address: | | |
| * Street1: <input type="text" value="1524 E. Mulberry, Suite 162"/> | | |
| Street2: <input type="text"/> | | |
| * City: <input type="text" value="Angleton"/> | | |
| County/Parish: <input type="text"/> | | |
| * State: <input type="text" value="TX: Texas"/> | | |
| Province: <input type="text"/> | | |
| * Country: <input type="text" value="USA: UNITED STATES"/> | | |
| * Zip / Postal Code: <input type="text" value="77515-3913"/> | | |
| e. Organizational Unit: | | |
| Department Name: <input type="text"/> | | Division Name: <input type="text"/> |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <input type="text"/> | | * First Name: <input type="text" value="Daphne"/> |
| Middle Name: <input type="text"/> | | |
| * Last Name: <input type="text" value="Iemelle"/> | | |
| Suffix: <input type="text"/> | | |
| Title: <input type="text" value="Director, Community Development Department"/> | | |
| Organizational Affiliation: <input type="text"/> | | |
| * Telephone Number: <input type="text" value="979-864-1860"/> | | Fax Number: <input type="text"/> |
| * Email: <input type="text" value="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:

14.218

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.

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: 10/01/2024

* 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 |

*** 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