

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:

N1GLHP8EWH9

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