

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:**

05/17/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

KV17N7HANES8

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Dalton

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

58-6000557

*** c. UEI:**

NKZAZHFZFEN7

d. Address:

*** Street1:**

Po Box 1205

Street2:

W Waugh Street

*** City:**

Dalton

County/Parish:

*** State:**

GA: Georgia

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

30722-1161

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:**

Cindy

Middle Name:

*** Last Name:**

Jackson

Suffix:

Title:

Chief Financial Officer

Organizational Affiliation:

*** Telephone Number:**

706-529-2460

Fax Number:

*** Email:**

cjackson@daltonga.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA- NRCS

11. Catalog of Federal Domestic Assistance Number:

10.902

CFDA Title:

soil and Water Conservation

* 12. Funding Opportunity Number:

USDA-NRCS-GA-MULTI-24-NOFO0001349

* Title:

Dalton Urban Garden

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Dalton Urban Garden park.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Dalton Urban Garden Park

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

014

* b. Program/Project

014

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

08/01/2024

* b. End Date:

07/31/2026

18. Estimated Funding (\$):

* a. Federal

149,466.00

* b. Applicant

20,446.60

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

169,912.60

*** 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:

Cindy

Middle Name:

* Last Name:

Jackson

Suffix:

* Title:

CFO

* Telephone Number:

706-529-2460

Fax Number:

* Email: cjackson@daltonga.gov

* Signature of Authorized Representative:



* Date Signed:

6-70-24