

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): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: N/A	
5a. Federal Entity Identifier: N/A	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: 1001	
8. APPLICANT INFORMATION:		
* a. Legal Name: Levy County a Political Subdivision of the State of Florida		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000717	* c. Organizational DUNS: 0826435110000	
d. Address:		
* Street1: 310 School Street	_____	
Street2:	_____	
* City: Bronson	_____	
County/Parish:	_____	
* State:	FL: Florida	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 32621-9998	_____	
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: Connie	_____
Middle Name:	_____	
* Last Name: Conley	_____	
Suffix:	_____	
Title: Director	_____	
Organizational Affiliation: _____		
* Telephone Number: 352-486-3485	Fax Number: _____	
* Email: conley-connie@levycounty.org		

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*** 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:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grant for Rural Areas, Section 5311-Cares Act

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

N/A

13. Competition Identification Number:

Not Applicable

Title:

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

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

Funding to subsidize revenues lost during the COVID-19 crisis. Operational expenditures will be invoiced to offset losses.

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="757,226.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="757,226.00"/>

*** 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

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: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

APPROVED AS TO FORM AND LEGAL SUFFICIENCY *Anne Bast Brown*
Anne Bast Brown, County Attorney