

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

### 1.a. Type of Submission:

- ☒ Application  
☐ Plan  
☐ Funding Request  
☐ Other

Other (specify):

### 1.b. Frequency:

- ☒ Annual  
☐ Quarterly  
☐ Other

Other (specify):

### 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

### 2. Date Received:

01/10/2022

### STATE USE ONLY:

### 3. Applicant Identifier:

### 5. Date Received by State:

### 4a. Federal Entity Identifier:

### 6. State Application Identifier:

### 4b. Federal Award Identifier:

97.039

### 1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

Explanation

## 7. APPLICANT INFORMATION:

### a. Legal Name:

City of Norman

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

73-6005350

### c. UEI:

101501240000

### d. Address:

#### Street1:

PO Box 370

#### Street2:

201 West Gray

#### City:

Norman

#### County / Parish:

#### State:

OK: Oklahoma

#### Province:

#### Country:

USA: UNITED STATES

#### Zip / Postal Code:

73070-0000

### e. Organizational Unit:

#### Department Name:

#### Division Name:

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

#### Prefix:

Mr.

#### First Name:

Brandon

#### Middle Name:

L.

#### Last Name:

Brooks

#### Suffix:

Title: Staff Engineer

### Organizational Affiliation:

City of Norman

Telephone Number: 405-366-5459

Fax Number:

Email: brandon.brooks@normanok.gov

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY****8a. TYPE OF APPLICANT:**

C: City or Township Government

Other (specify):

b. Additional Description:

**9. Name of Federal Agency:**

Federal Emergency Grant Program

**10. Catalog of Federal Domestic Assistance Number:**

97.039

CFDA Title:

Hazard Mitigation Grant Program

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

City of Norman, Imhoff Creek Channel Improvements

**12. Areas Affected by Funding:****13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

4

b. Program/Project:

4

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

Add Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

01/03/2022

b. End Date:

01/02/2024

**15. ESTIMATED FUNDING:**

a. Federal (\$):

345,282.30

b. Match (\$):

38,364.70

**16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**☐ a. This submission 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 State for review.☒ c. Program is not covered by E.O. 12372.

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

18. 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 ☒

\*\* This 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:

Darrel

Middle Name:

Last Name:

Pyle

Suffix:

Title:

City Manager

Organizational Affiliation:

City of Norman

Telephone Number:

405-366-5402

Fax Number:

Email:

city\_manager@normanok.gov

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Consolidated Application/Plan/Funding Request Explanation:**

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Applicant Federal Debt Delinquency Explanation:**