



TDEM
THE TEXAS A&M UNIVERSITY SYSTEM

Hazard Mitigation Grant Program

Application Certification

Grant Program: HMGP

CFDA #: 97.039

Grant #: 4798

Applicant: Port Lavaca

Project Type: Generators Regular

Project Title: Bauer Community Center Backup Generator

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program as contained in the program guidelines and that all information contained herein is true and correct to the best of my knowledge.

The governing body of the applicant has duly authorized the document, and hereby applies for the assistance documented in this application.

The applicant understands that the project may proceed **ONLY AFTER FEMA APPROVAL** is gained.

Jack Whitlow

Mayor

361-552-9793

Typed Name of Certifying Official

Title

Telephone Number

Signature of Certifying Official

4-14-2025

Date Signed

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:**

City of Port Lavaca

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

74-6001927

*** c. UEI:**

CH61XFADMHV7

d. Address:

*** Street1:**

202 North Virginia

Street2:

*** City:**

Port Lavaca

County/Parish:

Calhoun

*** State:**

TX: Texas

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

77979

e. Organizational Unit:

Department Name:

Public Works

Division Name:

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

Prefix:

Ms.

*** First Name:**

JoAnna "Jody"

Middle Name:

*** Last Name:**

Weaver

Suffix:

Title:

Interim City Manager

Organizational Affiliation:

City of Port Lavaca

*** Telephone Number:**

361 827-3601

Fax Number:

361-552-6062

*** Email:**

jweaver@portlavaca.org

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Federal Emergency Management Agency

11. Assistance Listing Number:

Assistance Listing Title:

* 12. Funding Opportunity Number:

4798

* Title:

Hazard Mitigation Grant Program (HMGP) 4798 Hurricane Beryl

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:

Generators Regular

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

27

* b. Program/Project

27

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:

10/01/2026

18. Estimated Funding (\$):

* a. Federal	235,567.52
* b. Applicant	78,522.51
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	314,090.03

* 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:

Jack

Middle Name:

* Last Name:

Whitlow

Suffix:

* Title:

Mayor

* Telephone Number:

361 552-9793

Fax Number:

* Email:

jwhitlow@portlavaca.org

* Signature of Authorized Representative:



* Date Signed:

4-18-2025