

## 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:

07/15/2025

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:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS

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

59-6000735

\* c. UEI:

KHD3TN15Y333

d. Address:

\* Street1:

2710 E SILVER SPRINGS BLVD

Street2:

\* City:

Ocala

County/Parish:

\* State:

FL: Florida

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

34470-0001

e. Organizational Unit:

Department Name:

COMMUNITY SERVICES

Division Name:

PUBLIC SERVICE

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

Prefix:

Mrs.

\* First Name:

CHERYL

Middle Name:

\* Last Name:

BUTLER

Suffix:

Title:

DIRECTOR, COMMUNITY SERVICES DEPARTMENT

Organizational Affiliation:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS

\* Telephone Number:

352-671-8770

Fax Number:

\* Email:

CHERYL.BUTLER@MARIONFL.ORG

## 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:

UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### 11. Assistance Listing Number:

14.239

Assistance Listing Title:

HOME INVESTMENT PARTNERSHIPS PROGRAM GRANT/ENTITLEMENT

### \* 12. Funding Opportunity Number:

\* Title:

### 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:

HOUSING PROJECTS IDENTIFIED IN THE 2024-2028 FIVE-YEAR CONSOLIDATED PLAN.

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 \* b. Program/Project 

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="891,550.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="891,550.00"/>

**\* 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

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:	<input type="text"/>	* First Name:	<input type="text" value="KATHY"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="BRYANT"/>		
Suffix:	<input type="text"/>		

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed: