

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> TX489157
<b>5a. Federal Entity Identifier:</b> _____		<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Fort Bend County Texas		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 74-6001969		<b>* c. Organizational DUNS:</b> 0000081497075
<b>d. Address:</b>		
<b>* Street1:</b> 301 Jackson Street		
<b>Street2:</b> Suite 602		
<b>* City:</b> Richmond		
<b>County/Parish:</b> Fort Bend County		
<b>* State:</b> TX: Texas		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 77469-3108		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Community Development		<b>Division Name:</b> _____
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms.		<b>* First Name:</b> Marilyn
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Kindell		
<b>Suffix:</b> _____		
<b>Title:</b> Community Development Department Director		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 281-341-4410		<b>Fax Number:</b> 281-341-3762
<b>* Email:</b> marilynn.kindell@fortbendcountytexas.gov		

**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:**

U.S. Department of Housing and Urban Development (HUD)

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

14.228

CFDA Title:

Community Development Block Grant (CDBG) Program Disaster Recovery

**\* 12. Funding Opportunity Number:**

\* Title:

Harvey Buyouts/Acquisition

**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:**

Community Development Block Grant Disaster Recovery (CDBG-DR) Program-Local Buyout Program for Homeowners.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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**16. Congressional Districts Of:**

\* a. Applicant: TX-022

\* b. Program/Project: TX-022

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

**17. Proposed Project:**

\* a. Start Date: 05/01/2019

\* b. End Date: 04/30/2022

**18. Estimated Funding (\$):**

* a. Federal	21,155,575.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	21,155,575.00

**\* 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: Honorable \* First Name: KP  
Middle Name:   
\* Last Name: George  
Suffix:

\* Title: County Judge

\* Telephone Number: 281-341-8608 Fax Number: 281-341-8609

\* Email: county.judge@fortbendcountytexas.gov

\* Signature of Authorized Representative: 

\* Date Signed: 03/12/2019