

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 type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">A: Increase Award</div> <b>* Other (Specify):</b> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
<b>* 3. Date Received:</b> <div style="border: 1px solid black; padding: 2px;">02/02/2021</div>	<b>4. Applicant Identifier:</b> <div style="border: 1px solid black; padding: 2px;">TX489157</div>		
<b>5a. Federal Entity Identifier:</b> <div style="border: 1px solid black; padding: 2px;">74-6001969</div>	<b>5b. Federal Award Identifier:</b> <div style="border: 1px solid black; padding: 2px;">74-6001969</div>		
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<b>7. State Application Identifier:</b> <div style="border: 1px solid black; width: 350px; height: 20px;"></div>		
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">Fort Bend County, Texas</div>			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <div style="border: 1px solid black; padding: 2px;">74-6001969</div>		<b>* c. Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">0000081497075</div>	
<b>d. Address:</b>			
* Street1:	<div style="border: 1px solid black; padding: 2px;">1521 Eugene Heimann Cir</div>		
Street2:	<div style="border: 1px solid black; height: 20px;"></div>		
* City:	<div style="border: 1px solid black; padding: 2px;">Richmond</div>		
County/Parish:	<div style="border: 1px solid black; padding: 2px;">Fort Bend County</div>		
* State:	<div style="border: 1px solid black; padding: 2px;">TX: Texas</div>		
Province:	<div style="border: 1px solid black; height: 20px;"></div>		
* Country:	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>		
* Zip / Postal Code:	<div style="border: 1px solid black; padding: 2px;">77469-3620</div>		
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> <div style="border: 1px solid black; padding: 2px;">Homeland Security &amp; Em. Mngt</div>		<b>Division Name:</b> <div style="border: 1px solid black; height: 20px;"></div>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	<div style="border: 1px solid black; padding: 2px;">Ms.</div>	* First Name:	<div style="border: 1px solid black; padding: 2px;">Caroline</div>
Middle Name:	<div style="border: 1px solid black; height: 20px;"></div>		
* Last Name:	<div style="border: 1px solid black; padding: 2px;">Egan</div>		
Suffix:	<div style="border: 1px solid black; height: 20px;"></div>		
<b>Title:</b> <div style="border: 1px solid black; padding: 2px;">Disaster Recovery Manager</div>			
<b>Organizational Affiliation:</b> <div style="border: 1px solid black; height: 20px;"></div>			
<b>* Telephone Number:</b> <div style="border: 1px solid black; padding: 2px;">281-342-6185</div>		<b>Fax Number:</b> <div style="border: 1px solid black; padding: 2px;">281-342-4798</div>	
<b>* Email:</b> <div style="border: 1px solid black; padding: 2px;">Caroline.Egan@fortbendcountytexas.gov</div>			

## 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:

Federal Emergency Management Agency (FEMA)

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

CFDA 97-039

CFDA Title:

Hazard Mitigation Grant Program

### \* 12. Funding Opportunity Number:

DR 4269-0007-TX

\* Title:

Hazard Mitigation Grant Program (HMGP) - Fort Bend County Property Acquisition and Demolition

### 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:

Acquisition and Demolition of Properties in the Floodway.

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 TX-022

\* b. Program/Project TX-022

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 03/12/2018

\* b. End Date: 01/25/2022

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

* a. Federal	764,589.75
* b. Applicant	254,863.25
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,019,453.00

**\* 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 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: Mr. \* First Name: KP

Middle Name:

\* Last Name: George

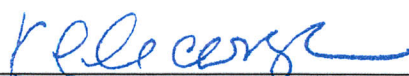
Suffix:

\* Title: Fort Bend County Judge

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

\* Email: County.Judge@fortbendcountytexas.gov

\* Signature of Authorized Representative:



\* Date Signed: 3-8-21