View Burden Statement

OMB Number: 4040-0004 Expiration Date: 12/31/2022

*2. Type of Application:	Preapplication Application Change/Corrected Application Change/Corrected Application Change/Corrected Application Revision B-19-MC-12-0026 3. Date Received: B-19-MC-12-0026 3. Federal Entity Identifier: BCCSINS AND URRAN DEVELOPMENT State Use Only; 3. Date Received by State: T. State Application Identifier: BCCSINS AND URRAN DEVELOPMENT State Use Only; 4. Applicant INFORMATION: * a. Legal Name: OITY OF DOMERNO BEACH * b. Employer/Taxpayer Identification Number (EINTRI): S9-6000411 4. Address: * Street1: IOO w. ATLANTIC SLVU, SUITE 220 Street2: Chty: County/Parish: * State: FC: Florida Province: * County: * State: Province: * County: * State: Province: * County: * Division Name: N/A F. Name and contact information of person to be contacted on matters involving this application: * First Name: Middle Name: * Last Name: CARRILLO Suffix: * Last Name: CARRILLO Suffix: * First Name: * Last Name: CARRILLO Suffix: * Last Name: CARRILLO Suffix: * Suffix: * Province: * Last Name: CARRILLO Suffix: * Last Name: CARRILLO Suffix: * Last Name: CARRILLO Suffix: * Continuation Contin	Application for Federal Assistance SF-424									
Sa. Federal Entity Identifier: 50. Federal Award Identifier: 50. Federal Award Identifier: 50. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: CITY OF POMEANO BEACH * b. Employer/Tarpayer Identification Number (EINTIN): \$ 9-6003411 * c. Organizational DUNS: \$ 98-1811670000 * d. Address: * Street: \$ 100 W. ATLANTIC BLVD, SUITE 220 Street2 \$ County/Parieh: * State: \$ FOMDANO BEACH County/Parieh: \$ State: \$ FOMDANO BEACH County/Parieh: \$ County \$ USA: UNITED STATES \$ UNITE	Sa. Federal Entity identifier: CODECTOR AND URBAN DEVELOPMENT	Preapplication New Application Continu		w [ntinuation *	2000 Mark (1997 Aug	pi otopi ot	riate letter(s):				
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State Use Only: 6. Date Received by State: 7. State Application (dentifier: N/A 8. APPLICANT INFORMATION: * a. Legal Name: 6. Date Received by State: 7. State Application (dentifier: N/A 8. APPLICANT INFORMATION: * a. Legal Name: 6. CITY OF BOMERAND BEACH 6. Organizational DUNS: 7. State: 8. Fil: Florida 9. Province: 9. Country: 9. Jay / Postal Code: 9. Organizational Unit: Perfex: 1. Name and contact information of person to be contacted on matters involving this application: Perfex: 1. Name and contact information of person to be contacted on matters involving this application: Perfex: 1. State Search 1. Sta	State Use Only:	B-19-MC-12-0026									
State Use Only: 6. Date Received by State: 7. State Application Identifier: N/A 8. APPLICANT INFORMATION: * a. Legal Name: CITY OF POMPANO BEACH * b. Employer/Taxpayer Identification Number (EINTIN): 59-6000411 6. Address: * Street2: * City: * Country/Parish: * State: * FL: Florida * Province: * Country: * USA: UNITED STATES * Zip / Postal Code: Division Name: # LOUSING AND URBAN IMPROVEMENT F. Name and contact information of person to be contacted on matters involving this application: Prefix: * Made Name: * Carriants:	State Use Only: 6. Date Received by State: 7. State Application Identifier: N/A 8. APPLICANT INFORMATION: *a. Legal Name: CITY OF DOMPANO BEACH *b. Employer/Taxpayer Identification Number (EINTIN): 59-6000413 6. Address: *Street: 100 N. ATLANTIC BLVD, SUITE 220 Street2 *City: County/Parish: *State: *County/Parish: *State: *County/Parish: *State: *County: *County: *Department Name: *BOUSTINE AND UREACH IMPROVEMENT *IN JA 1. Name and contact information of person to be contacted on matters involving this application: Prefix: Middle Name: *Last Name: *Carrillo Suffix: *Itle: Cettu Director. Coganizational Afficiation: *EXCEPTION / CITY *County: *Itle: Cettu Director. *Coganizational Afficiation: *EXCEPTION / CITY **Corparizational Afficiation: **EXCEPTION / CITY **Corparization and Information of person to be contacted on matters involving this application: **EXCEPTION / CITY **Corparizational CDUNS: **Corparizational DUNS: **Corparizational DUNS: **Sociation of Corparization of DUNS: **Sociation of Corparization of DUNS: **Corparization of DUNS: **Corparization of DUNS: **Corparization of DUNS: **Sociation of Corparization of DUNS: **Corparization of DUNS: **Sociation of Corparization of DUNS: **Corparization of DUNS: **Co										
8. APPLICANT INFORMATION: * a. Legal Name: CITY OF POMEAND BEACH * b. Employer/Taxpayer Identification Number (EIN/TIN): 89-6000411 * d. Addross: * Street1: 100 W. ATLANTIC BLVD, SUITE 220 Street2: 100 W. ATLANTIC BLVD, SUITE 220 Stre	8. APPLICANT INFORMATION: *a. Legal Name: CTTY OF POMPANO BEACH *b. Employer/Taxpayer Identification Number (EINVTN): [59-600041] 4. Address: *Street1:	HOUSING AND URBA	AN DEVELOPMEN	Т		CDBG-C	CV CARES-AC	CT		J	
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*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6-000411 d. Address: *Street1:	* b. Employer/Taxpayer Identification Number (EINTIN): 59-6000411 d. Address: * Street1:	8. APPLICANT INFOR	RMATION:								
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d. Address: * Street1: 100 W. ATLANTIC BLVD, SUITE 220 Street2: * City: POMPANO BEACH County/Parish: * State: FL: Florida Province: * Country: USA: UNITED STATES * Zip / Postal Code: 33060 e. Organizational Unit: Department Name: Division Name: HOUSING AND URBAN IMPROVEMENT N/A f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: MIRIAM Middle Name: * Last Name: CARRILLO Suffix: UNITED STATES Title: OHUI DIRECTOR	d. Address: * Street1:	(A) % (A) (A)	r Identification Nun	nber (EIN	/TIN):			NS:			
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Prefix: Ms. * First Name: MIRIAM Middle Name: * Last Name: CARRILLO Suffix: ▼ OHUI DIRECTOR	Prefix: Ms. * First Name: MIRIAM Middle Name: * Last Name: CARRILLO Suffix: Title: OHUI DIRECTOR Organizational Affiliation: RECIPIENT / CITY	HOUSING AND URBA	AN IMPROVEMEN	Т		N/A					
Middle Name: * Last Name: CARRILLO Suffix: OHUI DIRECTOR	Middle Name: * Last Name: CARRILLO Suffix: Title: OHUI DIRECTOR Organizational Affiliation: RECIPIENT / CITY	f. Name and contact information of person to be contacted on matters involving this application:									
* Last Name: CARRILLO Suffix: OHUI DIRECTOR	* Last Name: CARRILLO Suffix: Title: OHUI DIRECTOR Organizational Affiliation: RECIPIENT / CITY	Prefix:		1	* First Name	: MIRI	IAM				
Suffix: OHUI DIRECTOR	Suffix: Title: OHUI DIRECTOR Organizational Affiliation: RECIPIENT / CITY										
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	Organizational Affiliation: RECIPIENT / CITY										
	RECIPIENT / CITY										
	*Telephone Number: 954-786-4659 Fax Number: 954-786-5534										
* Telephone Number: 954-786-4659 Fax Number: 954-786-5534											
* Email: MIRIAM CARRILLOGCOPREL COM	* Email: MIRIAM.CARRILLO@COPBFL.COM										

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type:			
C: City or Township 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:			
CDBG-CV CARES-ACT			
* 12. Funding Opportunity Number:			
* Title:			
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:			
Emergency Rental Assistance Program; Public Services			
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 20,21	* b. Program/Project 20, 21					
Attach an additional list of Program/Project Congressional	Districts if needed.					
	Add Attachment Delete Attachment View Attachment					
17. Proposed Project:						
* a. Start Date: 03/27/2020	* b. End Date: 02/28/2021					
18. Estimated Funding (\$):						
* a. Federal 613, 46	3.00					
* b. Applicant						
* c. State						
* d. Local						
* e. Other						
* f. Program Income						
* g. TOTAL 613,46	3.00					
* 19. Is Application Subject to Review By State Unde	r Executive Order 12372 Process?					
a. This application was made available to the Stat	e under the Executive Order 12372 Process for review on					
b. Program is subject to E.O. 12372 but has not b	een selected by the State for review.					
c. Program is not covered by E.O. 12372.						
* 20. Is the Applicant Delinquent On Any Federal Del	ot? (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: GREGORY					
Middle Name:						
* Last Name: HARRISON						
Suffix:						
* Title: CITY MANAGER						
* Telephone Number: 954-786-4601	Fax Number: 954-786-5534					
* Email: GREG.HARRISON@COPBFL.COM						
* Signature of Authorized Representative:	* Date Signed: May 5, 2020					
Greatry	P. Harrison					
70530075	504H70					