

## 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:

04/01/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

P62KF2SJJ237

5b. Federal Award Identifier:

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name:

Monica Cepero

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

59-6000531

\* c. UEI:

P62KF2SJJ237

### d. Address:

\* Street1:

115 S. Andrews Ave

Street2:

\* City:

Fort Lauderdale

County/Parish:

\* State:

FL: Florida

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

33301-1817

### e. Organizational Unit:

Department Name:

Resilient Environment

Division Name:

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

Prefix:

Dr.

\* First Name:

Gregory

Middle Name:

\* Last Name:

Mount

Suffix:

Title: Assistant Chief Resilience Officer

Organizational Affiliation:

\* Telephone Number:

954-519-0356

Fax Number:

\* Email: gmount@broward.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:

Environmental Protection Agency

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

66.046

CFDA Title:

Climate Pollution Reduction Grants

### \* 12. Funding Opportunity Number:

EPA-R-OAR-CPRGI-23-07

\* Title:

Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

1254-Map of service area.JPG

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Southeast Florida Transformational GHG Reduction 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 23-25

\* b. Program/Project 20-28

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 10/01/2024

\* b. End Date: 09/30/2029

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

* a. Federal	270,639,381.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	270,639,381.00

**\* 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: Dr. \* First Name: Gregory

Middle Name:

\* Last Name: Mount

Suffix:

\* Title: Assistant Chief Resilience Officer

\* Telephone Number: 954-519-0356 Fax Number: 

\* Email: gmount@broward.org

\* Signature of Authorized Representative: gregory j mount \* Date Signed: 04/01/2024