

## 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:**

05/01/2025

**4. Applicant Identifier:**

Genesee County

**5a. Federal Entity Identifier:**

M-25-UC-26-0205

**5b. Federal Award Identifier:**

HOME

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Genesee County

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

38-6004849

**\* c. UEI:**

XD5HMHXNBWX6

**d. Address:**

**\* Street1:**

1101 Beach St

**Street2:**

Room 111

**\* City:**

Flint

**County/Parish:**

Genesee

**\* State:**

MI: Michigan

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

48502-1417

**e. Organizational Unit:**

**Department Name:**

Planning Commission

**Division Name:**

Community Development

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

**Prefix:**

**\* First Name:**

Jacob

**Middle Name:**

**\* Last Name:**

Maurer

**Suffix:**

**Title:**

Division Manager

**Organizational Affiliation:**

**\* Telephone Number:**

810-766-6545

**Fax Number:**

**\* Email:**

JMaurer@geneseecountymi.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:

HUD

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

14.239

CFDA Title:

Home Investment Partnerships Program

### \* 12. Funding Opportunity Number:

HOME

\* Title:

Home Investment Partnerships Program

### 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:

See attached 2025 Action 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="810,808.00"/>   |
| * b. Applicant      | <input type="text" value="0.00"/>         |
| * c. State          | <input type="text" value="0.00"/>         |
| * d. Local          | <input type="text" value="0.00"/>         |
| * e. Other          | <input type="text" value="0.00"/>         |
| * f. Program Income | <input type="text" value="500,000.00"/>   |
| * g. TOTAL          | <input type="text" value="1,310,808.00"/> |

**\* 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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: 

\* Signature of Authorized Representative:



\* Date Signed:

