

EXHIBIT "B"

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

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:

08/12/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

TX 484674

5b. Federal Award Identifier:

B-21-MC-48-0514

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

CITY OF ROUND ROCK

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

74-6017485

* c. UEI:

102740792000

d. Address:

* Street1:

221 EAST MAIN STREET

Street2:

* City:

ROUND ROCK

County/Parish:

WILLIAMSON

* State:

TX: Texas

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

78664-5271

e. Organizational Unit:

Department Name:

PLANNING & DEVELOPMENT SERVICE

Division Name:

COMMUNITY DEVELOPMENT

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

Prefix:

Mrs.

* First Name:

ELIZABETH

Middle Name:

G.

* Last Name:

ALVARADO

Suffix:

Title:

CDBG COORDINATOR

Organizational Affiliation:

* Telephone Number:

512-341-3328

Fax Number:

* Email:

EALVARADO@ROUNDROCKTEXAS.GOV

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

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FOR ENTITLEMENT COMMUNITIES

* 12. Funding Opportunity Number:

* 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:

FY 2021-2022 CDBG ANNUAL 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

31ST

* b. Program/Project

31ST

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2021

* b. End Date:

09/30/2022

18. Estimated Funding (\$):

* a. Federal

692,991.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

692,991.00

*** 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:

CRAIG

Middle Name:

* Last Name:

MORGAN

Suffix:

* Title:

MAYOR

* Telephone Number:

512-218-5410

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: