

**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:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Adams County

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

846000732

**\* c. Organizational DUNS:**

0764763730000

**d. Address:**

\* Street1: 4430 S. Adams County Parkway

Street2:

\* City: Brighton

County/Parish: Adams

\* State: CO: Colorado

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 80601-8200

**e. Organizational Unit:**

**Department Name:**

Office of Emergency Management

**Division Name:**

Community & Economic Dev

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

Prefix: Mr.

\* First Name: Richard

Middle Name: Horace

\* Last Name: Atkins

Suffix:

Title: Emergency Management Coordinator

**Organizational Affiliation:**

Adams County Office of Emergency Management

\* Telephone Number: 720-523-6602

Fax Number:

\* Email: ratkins@adcogov.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:

C: City or Township Government

### Type of Applicant 3: Select Applicant Type:

### \* Other (specify):

### \* 10. Name of Federal Agency:

FEMA

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

97.047

### CFDA Title:

Pre-Disaster Mitigation

### \* 12. Funding Opportunity Number:

DHS-17-MT-047-000-99

### \* Title:

FY 2017 Pre-Disaster Mitigation

### 13. Competition Identification Number:

### Title:

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

Adams County Community Map.pdf

Add Attachment

Delete Attachment

View Attachment

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

Hazard Mitigation Plan Update for Adams County, Colorado, with participation by City of Commerce City and the Town of Bennett.

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.

### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="45,000.00"/>
* b. Applicant	<input type="text" value="15,000.00"/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="60,000.00"/>

### \* 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

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:  \* First Name:

Middle Name:

\* Last Name:

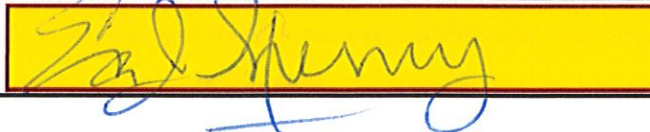
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:



\* Date Signed: