

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|  |                            |  |                                       |
|--|----------------------------|--|---------------------------------------|
| <b>FEDERAL ASSISTANCE</b>  |                            | 2. DATE SUBMITTED<br>May 31, 2006  | Applicant Identifier                  |
| 1. TYPE OF SUBMISSION:<br>Application <input type="checkbox"/><br>Construction <input type="checkbox"/><br><input checked="" type="checkbox"/> Non-Construction  |                            | 3. DATE RECEIVED BY STATE<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  | State Application Identifier          |
|  |                            | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier                    |
| <b>5. APPLICANT INFORMATION</b>  |                            |  |                                       |
| Legal Name:<br><b>Florida Department of Elder Affairs</b>  |                            | Organizational Unit:   |                                       |
| Address (give city, county, State, and zip code):<br><b>4040 Esplanade Way</b><br><b>Tallahassee, Florida 32399-7000</b>   |                            | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><b>JoAnn Williams, SCSEP State Director</b>  |                                       |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  |                            | 7. TYPE OF APPLICANT: (enter appropriate letter in box)  |                                       |
| <b>5 9 — 3 4 6 2 7 2 0</b>   |                            | A. State <input type="checkbox"/><br>B. County <input type="checkbox"/><br>C. Municipal <input type="checkbox"/><br>D. Township <input type="checkbox"/><br>E. Interstate <input type="checkbox"/><br>F. Intermunicipal <input type="checkbox"/><br>G. Special District <input type="checkbox"/><br>H. Independent School Dist. <input type="checkbox"/><br>I. State Controlled Institution of Higher Learning <input type="checkbox"/><br>J. Private University <input type="checkbox"/><br>K. Indian Tribe <input type="checkbox"/><br>L. Individual <input type="checkbox"/><br>M. Profit Organization <input type="checkbox"/><br>N. Other (Specify) _____ |                                       |
| <b>8. TYPE OF APPLICATION:</b>   |                            | 9. NAME OF FEDERAL AGENCY:   |                                       |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>   |                            |  |                                       |
| A. Increase Award <input type="checkbox"/><br>B. Decrease Award <input type="checkbox"/><br>C. Increase Duration <input type="checkbox"/><br>D. Decrease Duration <input type="checkbox"/><br>Other(specify): _____  |                            |  |                                       |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  |                            |  |                                       |
| <b>1 7 — 2 3 5</b>   |                            | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  |                                       |
| TITLE: Senior Community Service Employment Program   |                            | The project will provide intake and eligibility determinations, assessments, community service assignments, unsubsidized employment, and other SCSEP-related services to unemployed, low-income Florida residents who are 55 and older.  |                                       |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>   |                            | See attached list  |                                       |
| <b>13. PROPOSED PROJECT</b>  |                            | <b>14. CONGRESSIONAL DISTRICTS OF:</b>   |                                       |
| Start Date<br>7/1/06   | Ending Date<br>6/30/07     | a. Applicant<br>U. S. Rep., Allen Boyd, 2nd District<br>b. Project<br>Districts 1-23   |                                       |
| <b>15. ESTIMATED FUNDING:</b>  |                            |  |                                       |
| a. Federal   | \$ 5,094,851 <sup>00</sup> | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                                       |
| b. Applicant   | \$ 19,813 <sup>00</sup>    | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: _____<br>DATE _____   |                                       |
| c. State   | \$ 0 <sup>00</sup>         |  |                                       |
| d. Local   | \$ 0 <sup>00</sup>         |  |                                       |
| e. Other   | \$ 546,281 <sup>00</sup>   | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                                       |
| f. Program Income  | \$ 0 <sup>00</sup>         |  |                                       |
| g. TOTAL   | \$ 5,660,945 <sup>00</sup> | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |                                       |
| <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No   |                            |  |                                       |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                            |  |                                       |
| a. Type Name of Authorized Representative<br>Carole Green  |                            | b. Title<br>Secretary  | c. Telephone Number<br>(850) 414-2000 |
| d. Signature of Authorized Representative<br><i>Carole Green</i>   |                            | e. Date Signed<br><i>6/8/06</i>  |                                       |