

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED May 31, 2006	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
Application	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: Florida Department of Elder Affairs	Organizational Unit:
Address (give city, county, State, and zip code): 4040 Esplanade Way Tallahassee, Florida 32399-7000	Name and telephone number of person to be contacted on matters involving this application (give area code): JoAnn Williams, SCSEP State Director

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

59-3462720

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ A
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

17-235

TITLE: Senior Community Service Employment Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

See attached list

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date 7/1/06	Ending Date 6/30/07	a. Applicant U. S. Rep., Allen Boyd, 2nd District
----------------------	------------------------	--

b. Project Districts 1-23

15. ESTIMATED FUNDING:

a. Federal	\$ 5,094,851.00
b. Applicant	\$ 19,813.00
c. State	\$.00
d. Local	\$.00
e. Other	\$ 546,281.00
f. Program Income	\$.00
g. TOTAL	\$ 5,660,945.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

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.

a. Type Name of Authorized Representative
Carole Green

b. Title
Secretary

c. Telephone Number
(850) 414-2000

d. Signature of Authorized Representative

e. Date Signed