APPLICATION FOR	2 DATE CHDMITTED	Applicant Identifier	
FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Identifier	
	May 20, 2020		
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier	
Application Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5.APPLICANT INFORMATION			
Legal Name		Organizational Unit	
City of Hollywood		City of Hollywood, FL	
Address 2600 Hollywood Blvd. Hollywood, Florida 33020-4807		Name and telephone number of the person to be contacted on matters involving this application Cooper, Albert (954) 967-4300	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT	
59-6000338		Municipal	
8. TYPE OF APPLICATION		9. NAME OF FEDERAL	
New		AGENCY Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
NUMBER: 16.034 CFDA Coronavirus Emergency Supplemental Funding TITLE: Program		City of Hollywood, FL Coronavirus Emergency Supplemental Funding Program FY2020	
12. AREAS AFFECTED BY PRO	DJECT		
City of Hollywood, Florida			
13. PROPOSED PROJECT		14. CONGRESSIONAL	
Start Date: January 20, 2020		DISTRICTS OF	
End Date: January 19, 2022		a. Applicant b. Project FL23	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT	
Federal	\$129,126	TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Applicant	\$0		
State	\$0		
	" "	1	

Local	\$0	This preapplication/application was	
Other	\$0	made available to the state executive order 12372 process for	
Program Income	\$0	review on 03/30/2020 17. IS THE APPLICANT	
TOTAL	\$129,126	DELINQUENT ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION			

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 GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

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