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Subject: GRANT13712761 Grants.gov Submission Receipt
Date: September 15, 2022 at 9:58 AM
To: mburns@coab.us
Cc: kbennett@langtonconsulting.com

D

Your application has been received by Grants.gov, and is currently being validated.
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https://www.grants.gov/applicants/track-my-application.html?tracking_num=GRANT13712761

Type: GRANT

Grants.gov Tracking Number: GRANT13712761

We will notify you via email when your application has been validated by Grants.gov and is being prepared for Grantor agency retrieval.

UEI: W2ZNQX64HDF5

AOR name: Melissa Burns

Application Name: City of Atlantic Beach Comprehensive Safety Action Plan

Opportunity Number: DOT-SS4A-FY22-01

Opportunity Name: Safe Streets and Roads for All Discretionary Grant Program

<https://apply07.grants.gov/apply/login.faces?cleanSession=1>

Thank you.

Grants.gov

If you have questions please contact the Grants.gov Contact Center:

support@grants.gov

1-800-518-4726

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PLEASE NOTE: This email is for notification purposes only. Please do not reply to this email for any purpose.

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
Completed by Grants.gov upon submission.		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:	<input type="text"/>	
7. State Application Identifier:		
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> City of Atlantic Beach		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. UEI:
<input type="text"/> 59-6000267		<input type="text"/> W2ZNQX64HDF5
d. Address:		
* Street1:	<input type="text"/> 800 Seminole Road	
Street2:	<input type="text"/>	
* City:	<input type="text"/> Atlantic Beach	
County/Parish:	<input type="text"/>	
* State:	<input type="text"/> FL: Florida	
Province:	<input type="text"/>	
* Country:	<input type="text"/> USA: UNITED STATES	
* Zip / Postal Code:	<input type="text"/> 32233-5444	
e. Organizational Unit:		
Department Name:	<input type="text"/>	
Planning & Community Dev.	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: <input type="text"/> Amanda
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text"/> Askew	
Suffix:	<input type="text"/>	
Title:	<input type="text"/> Director, Planning and Community Development	
Organizational Affiliation:		
<input type="text"/> City of Atlantic Beach		
* Telephone Number:	<input type="text"/> 904-247-5841	Fax Number: <input type="text"/>
* Email:	<input type="text"/> aaskew@coab.us	

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:

69A345 Office of the Under Secretary for Policy

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

DOT-SS4A-FY22-01

* Title:

Safe Streets and Roads for All Discretionary Grant Program

13. Competition Identification Number:

0001

Title:

Action Plan Grant Applications

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

 [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

* 15. Descriptive Title of Applicant's Project:

City of Atlantic Beach Comprehensive Safety 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

* 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="200,000.00"/>
* b. Applicant	<input type="text" value="50,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="250,000.00"/>

* 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 18, 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: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

Safe Streets and Roads for All**City of Atlantic Beach Comprehensive Safety Action Plan****Key Information Table**

Lead Applicant	City of Atlantic Beach, FL
If Multijurisdictional, additional eligible entities jointly applying	Not applicable
Total jurisdiction population	13,575
Count of motor-vehicle-involved roadway fatalities from 2016 to 2020	5 (average 1 per year)
Fatality rate per 100,000 persons	7.37
Action Plan Type	New Action Plan
Population in Underserved Communities	0%
State(s) in which projects and strategies are located	Florida
Costs by State (if project spans more than one State)	Not applicable

Safe Streets and Roads for All

City of Atlantic Beach Comprehensive Safety Action Plan

Narrative

The City of Atlantic Beach is a small coastal community consisting of approximately three square miles of land area and a population less than 14,000. The City is located between two miles of Atlantic Ocean beachfront on the east and the expansive marsh and estuarine environment of the San Pablo Creek/Intracoastal Waterway on the west. With all of our natural beauty and nice weather we have many pedestrians and cyclists enjoying the outdoors. The City is a near fully-developed municipality where the predominant land use is residential consisting of stable and well-established neighborhoods. The City possesses a unique character and “personality” where a high quality of life, diverse recreational activities, preservation of community character, and protection of natural resources are day-to-day priorities to residents and elected officials as well.

The City of Atlantic Beach already has two initiatives to help provide strategies for a safer pedestrian and cyclist environment. We believe that a Comprehensive Safety Action Plan will help bring our existing Complete Streets Policy and a Connectivity Plan together, creating a holistic document that utilizes evidence-based strategies to improve our roadway system and allow positive progress toward a Vision Zero goal in alignment with that of the U.S. Department of Transportation.

A Safe Streets for All Action Plan grant will fund a contract with a transportation planning firm with which the City’s Planning & Community Development Department staff will work in tandem.

Our intent is to create a Plan that utilizes data, facilitates stakeholder engagement, and identifies low-cost, high-impact strategies that foster safe connections and prevents roadway fatalities, injuries, and accidents. It is expected that the Comprehensive Safety Action Plan will provide a framework of future implementation projects that ensures the City of Atlantic Beach eliminates the risk of roadway fatalities and serious injuries within its borders and beyond.

Safe Streets and Roads for All

Action Plan Application Template

This document is not meant to replace the NOFO. Applicants should follow the instructions in the NOFO to correctly apply for a grant. While using this template is not required, DOT encourages its use to provide elements of the required application information. Additional information is required, to be submitted separately. See page 2 of this template and the SS4A website for more information about required materials: <https://www.transportation.gov/SS4A>

Lead Applicant: _____

UEI: _____

Funding request:
(choose one)

New Action Plan
Create a new conforming Action Plan

Complete Action Plan
Complete or update components of an existing plan(s) to create a conforming Action Plan

Supplemental Planning Activities
Additional planning activities must have a conforming Action Plan documented by a Self-Certification Eligibility Worksheet

Applicant(s)

Jurisdiction Population (#)

Total Count Motor Vehicle-Involved Roadway Fatalities 2016 - 2020 (#)

Alternative Fatality Data
Optional
(indicate source below)

Average Annual Fatality Rate (per 100,000 population)

Percent of Population in Underserved Communities Census Tracts (%)

U.S. Census Data

FARS Data

U.S. Census Data

Total Value for Application: _____ %

If submitting a joint application, provide the aggregated values for the full plan area in this row.

If submitting a joint application, provide the individual values for the lead applicant and each joint applicant's individual portion of the plan area in the rows below.

Lead Applicant:

_____ %

Joint Applicant(s):

1 _____ %

2 _____ %

3 _____ %

4 _____ %

If more than 4 joint applicants, attach a separate table with additional rows for each additional joint applicant



Safe Streets and Roads for All

Action Plan Application Template

Lead Applicant's State:

Mark "NA" if a Federally
recognized Tribal government

Additional State **#1** that this
Action Plan grant will serve:

Additional State **#2** that this
Action Plan grant will serve:

**Funding Request for Lead
Applicant's State (\$):**

Provide total cost if a Federally
recognized Tribal government

\$

Funding request for
Additional State **#1** (\$): \$

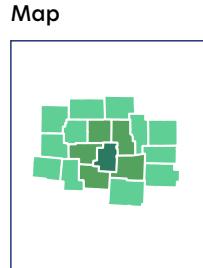
Funding request for
Additional State **#2** (\$): \$

NOFO Criterion #3

Narrative:
(300-word limit)



Remember
to provide
separately:

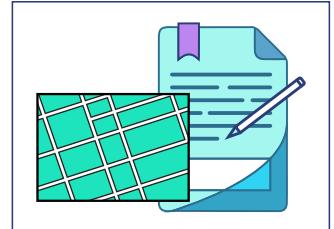


SF-424 Application for Federal Assistance
SF-424A Budget Information for Non-Construction Programs
SF-424B Assurances for Non-Construction Programs
SF-LLL Disclosure of Lobbying Activities
Apply to Grants.gov package: PKG00274330

**Self-Certification
Eligibility Worksheet**
Only Required for Supplemental
Planning Activities



**Other Documentation
Optional**



MAP B-1: TRANSPORTATION FACILITIES

*City of Atlantic Beach
2018-2030 Comprehensive Plan
Amendment Map Series*

Proposed Functional Classification

- Urban Minor Arterial
- Minor Urban Collectors
- Urban Principal Arterial (DOT roadways)
- Urban Local



0 0.5 1 Miles

Updated August, 2018 Data Sources: ABGIS 2018, COJPAO 2018, FDOT, FHWA

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. DOT-SS4A-FY22-01, City of Atlantic Beach Comprehensive Safety Action Plan	20.939	\$ 200,000.00	\$ 50,000.00	\$	\$	\$ 250,000.00
2.						
3.						
4.						
5. Totals		\$ 200,000.00	\$ 50,000.00	\$	\$	\$ 250,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
	DOT-SS4A-FY22-01, City of Atlantic Beach Comprehensive Safety Action Plan					
a. Personnel	\$		\$		\$	
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual		250,000.00				250,000.00
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)		250,000.00				\$ 250,000.00
j. Indirect Charges						\$
k. TOTALS (sum of 6i and 6j)	\$	250,000.00	\$		\$	\$ 250,000.00
 7. Program Income	\$		\$		\$	\$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	DOT-SS4A-FY22-01, City of Atlantic Beach Comprehensive Safety Action Plan	\$ 50,000.00	\$	\$	\$ 50,000.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 50,000.00	\$	\$	\$ 50,000.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. DOT-SS4A-FY22-01, City of Atlantic Beach Comprehensive Safety Action Plan	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:		22. Indirect Charges:	
23. Remarks:			

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Completed on submission to Grants.gov	Director of Finance
APPLICANT ORGANIZATION	DATE SUBMITTED
City of Atlantic Beach	Completed on submission to Grants.gov

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="City of Atlantic Beach"/> * Street 1 <input type="text" value="800 Seminole Road"/> Street 2 <input type="text"/> * City <input type="text" value="Atlantic Beach"/> State <input type="text" value="FL: Florida"/> Zip <input type="text" value="32233-5444"/> Congressional District, if known: <input type="text" value="4"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="Department of Transportation"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Completed on submission to Grants.gov"/>		
*Name: <input type="text" value="Prefix Ms."/> * First Name <input type="text" value="Melissa"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Burns"/> Suffix <input type="text"/>		
Title: <input type="text" value="Director of Finance"/> Telephone No.: <input type="text" value="904-247-5807"/> Date: <input type="text" value="Completed on submission to Grants.gov"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	City of Atlantic Beach - Key	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	City of Atlantic Beach - Narr	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	City of Atlantic Beach - SS4A	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	City of Atlantic Beach - Road	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment