

### 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:

City of Franklin

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

62-6000290

\* c. Organizational DUNS:

0817607680000

#### d. Address:

\* Street1:

City Hall

Street2:

109 Third Avenue South

\* City:

Franklin

County/Parish:

\* State:

TN: Tennessee

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

37214-2508

#### e. Organizational Unit:

Department Name:

Office of the Mayor

Division Name:

Administration

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

Prefix:

Mr.

\* First Name:

Eric

Middle Name:

S.

\* Last Name:

Stuckey

Suffix:

Title:

Franklin City Administrator

Organizational Affiliation:

City of Franklin

\* Telephone Number:

615-550-6605

Fax Number:

615-760-0469

\* Email:

eric.stuckey@franklintn.gov

## 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:

Department of the Interior - National Park Service - ABPP

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

15-928

CFDA Title:

Battlefield Land Acquisition Grants

### \* 12. Funding Opportunity Number:

n/a

\* Title:

n/a

### 13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

LWCF Battlefield Land Acquisition Grant: Fee acquisition of a 0.72± acre property known as the Spivey Tract at the Franklin Battlefield, Williamson County, Tennessee

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

7th

\* b. Program/Project

7th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

05/30/2017

\* b. End Date:

02/28/2018

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

* a. Federal	637,500.00
* b. Applicant	0.00
* c. State	630,000.00
* d. Local	0.00
* e. Other	112,500.00
* f. Program Income	
* g. TOTAL	1,380,000.00

**\* 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

Add Attachment

Delete Attachment

View Attachment

**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:

Dr.

\* First Name:

Ken

Middle Name:

\* Last Name:

Moore

Suffix:

\* Title:

Mayor

\* Telephone Number:

615-791-3217

Fax Number:

615-790-0469

\* Email:

ken.moore@franklintn.gov

\* Signature of Authorized Representative:

\* Date Signed: