

**APPLICATION FOR FEDERAL ASSISTANCE**

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction  <i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <b>Hidalgo County</b>		Organizational Unit: <b>County Judge</b>	
Address (give city, county, state, and zip code): <b>100 E. Cano St. 2<sup>nd</sup> Floor Edinburg Tx 78539</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Manuel Chapa 956-292-7025</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>74 - 6000717</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> <b>E</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		9. NAME OF FEDERAL AGENCY: <b>Bureau of Justice Assistance</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>16 - 738</b> TITLE: <b>Edward Byrne Memorial Justice Assistance Grant Program</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Edward Byrne Memorial Justice Assistance Grant (JAG) Program</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Hidalgo County</b>		<b>Hidalgo County Auxiliary Court</b>	
13. PROPOSED PROJECT: Start Date: <b>Oct 1, 2007</b> Ending Date: <b>Sept 30 2011</b>		14. CONGRESSIONAL DISTRICTS OF: <b>15</b> a. Applicant b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <b>43,544</b> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ _____ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ _____ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ _____ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ _____ .00	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ _____ .00		
g. TOTAL	\$ <b>43,544</b> .00		
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. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	