

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|  |  |  |   |                              |
|--|--|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |  | Pre-application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction                                       | <b>2. DATE SUBMITTED</b>                  | Applicant Identifier         |
|  |  |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|  |  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |
| <b>5. APPLICANT INFORMATION</b>  |  |  |   |                              |
| Legal Name:<br>Hidalgo County  |  | Organizational Unit:<br>Department:<br>Judge's Office  |   |                              |
| Organizational DUNS:<br>103110834  |  | Division:  |   |                              |
| Address:<br>Street:<br>100 E. Cano St. 2nd Floor   |  | Name and telephone number of person to be contacted on matters involving this application (give area code)   |   |                              |
| City:<br>Edinburg  |  | Prefix:  | First Name:<br>Manuel                     |                              |
| County:<br>Hidalgo   |  | Middle Name  |   |                              |
| State:<br>Tx   | Zip Code<br>78539                                    | Last Name<br>Chapa   |   |                              |
| Country:<br>USA  |  | Suffix:  |   |                              |
|  |  | Email:   |   |                              |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>74-6000717  |  | Phone Number (give area code)<br>956-292-7025  | Fax Number (give area code)               |                              |
| <b>8. TYPE OF APPLICATION:</b><br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)   |  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>B<br>Other (specify)  |   |                              |
|  |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>Bureau of Justice Assistance  |   |                              |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>16-738  |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Edward Byrne Memorial Justice Assistance Grant (JAG) Program<br>Hidalgo County Auxiliary Court |   |                              |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Hidalgo County   |  |  |   |                              |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>October 1, 2010  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>15   |   |                              |
| Ending Date:<br>September 30, 2012   |  | b. Project   |   |                              |
| <b>15. ESTIMATED FUNDING:</b>  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |   |                              |
| a. Federal   | \$ 103,606 <sup>00</sup>                             | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON           |   |                              |
| b. Applicant   | \$ <sup>00</sup>                                     | DATE:  |   |                              |
| c. State   | \$ <sup>00</sup>                                     | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |   |                              |
| d. Local   | \$ <sup>00</sup>                                     | <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |   |                              |
| e. Other   | \$ <sup>00</sup>                                     |  |   |                              |
| f. Program Income  | \$ <sup>00</sup>                                     | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |   |                              |
| g. TOTAL   | \$ 103,606 <sup>00</sup>                             | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |   |                              |
| <b>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.</b> |  |  |   |                              |
| <b>a. Authorized Representative</b>  |  |  |   |                              |
| Prefix   | First Name<br>Rene                                   | Middle Name  |   |                              |
| Last Name<br>Ramirez   | Suffix   |  |   |                              |
| b. Title<br>Hidalgo County Judge   | c. Telephone Number (give area code)<br>956-318-2600 |  |   |                              |
| d. Signature of Authorized Representative  | e. Date Signed                                       |  |   |                              |