

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Hidalgo County		Department: Judge's Office	
Organizational DUNS: 103110834		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 100 E. Cano St. 2nd Floor		Prefix:	First Name: Manuel
City: Edinburg		Middle Name	
County: Hidalgo		Last Name Chapa	
State: Tx	Zip Code 78539	Suffix:	
Country:		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-6000717	Phone Number (give area code) 956-292-7025	Fax Number (give area code) 956-292-7035
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) B - County Other (specify)
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9. NAME OF FEDERAL AGENCY: Bureau of Justice Assistance

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 16-738	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hidalgo County Auxiliary Court
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hidalgo County
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13. PROPOSED PROJECT Start Date: October 1, 2013 Ending Date: September 30, 2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15 b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 56,980.00	a. Yes. <input type="checkbox"/> 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 checked="" 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 \$ 56,980.00	

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. Authorized Representative		
Prefix Mr.	First Name Ramon	Middle Name
Last Name Garcia		Suffix
b. Title Hidalgo County Judge		c. Telephone Number (give area code) 956-318-2600
d. Signature of Authorized Representative		e. Date Signed