

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	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			
5. APPLICANT INFORMATION			
Legal Name: Hidalgo County		Organizational Unit: Department: Judge's Office	
Organizational DUNS: 103110834		Division:	
Address: Street: 100 E. Cano St. 2nd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Edinburg		Prefix:	First Name: Manuel
County: Hidalgo		Middle Name	
State: Tx		Last Name Chapa	
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
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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 16-738		9. NAME OF FEDERAL AGENCY: Bureau of Justice Assistance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hidalgo County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hidalgo County Auxiliary Court	
13. PROPOSED PROJECT Start Date: October 1, 2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15	
Ending Date: September 30, 2016		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 46,650 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	\$ 46,650 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	First Name Ramon	Middle Name	
Last Name Garcia			Suffix
b. Title Judge (Hidalgo County)			c. Telephone Number (give area code) 956-318-2600
d. Signature of Authorized Representative			e. Date Signed