

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		<input type="checkbox"/> Pre-application	2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
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	Zip Code 78539	Last Name Chapa		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-6000717		Phone Number (give area code) 956-292-7025	Fax Number (give area code)	
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: August 1, 2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15		
Ending Date: July 31, 2017		b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 37,085 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ ⁰⁰	DATE:		
c. State	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 37,085 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	