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Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>Hidalgo County DA HIDTA Task Force</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>74-6000717</u>	* c. Organizational DUNS: <u>1031008340000</u>	
d. Address:		
* Street1: <u>3100 S. Business 281 Foxtrot Building</u>	Street2: _____	
* City: <u>Edinburg, TX 78539</u>	County/Parish: _____	
* State: _____	TX: Texas	
Province: _____	_____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: <u>78539</u>	_____	
e. Organizational Unit:		
Department Name: <u>Hidalgo County</u>	Division Name: <u>Criminal District Attorney's</u>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	* First Name: <u>Ramon</u>	
Middle Name: _____	_____	
* Last Name: <u>Garica</u>	_____	
Suffix: _____	_____	
Title: <u>County Judge</u>		
Organizational Affiliation: <u>Hidalgo County District Attorney's Office HIDTA Task Force</u>		
* Telephone Number: <u>956 381-0444</u>	Fax Number: <u>956 381-8722</u>	
* Email: <u>jsifuentes2@hidtataskforce.us</u>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

ONDCP

11. Catalog of Federal Domestic Assistance Number:

95.001

CFDA Title:

High Intensity Drug Trafficking Areas Program

*** 12. Funding Opportunity Number:**

HIDTA

* Title:

[Redacted]

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

TX Hidalgo County Map.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

High Intensity Drug Trafficking Areas Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="685,705.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="685,705.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

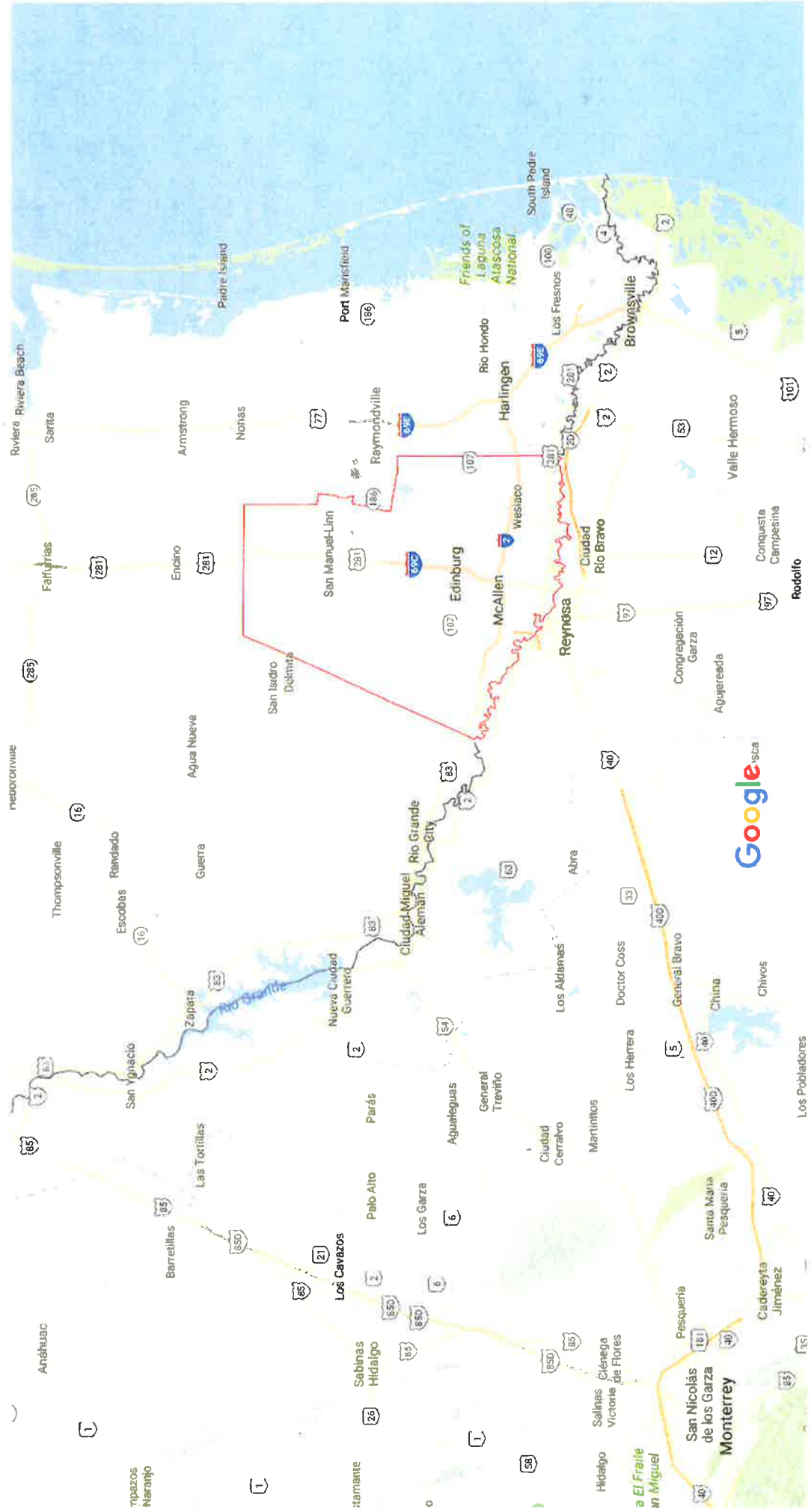
* Telephone Number:

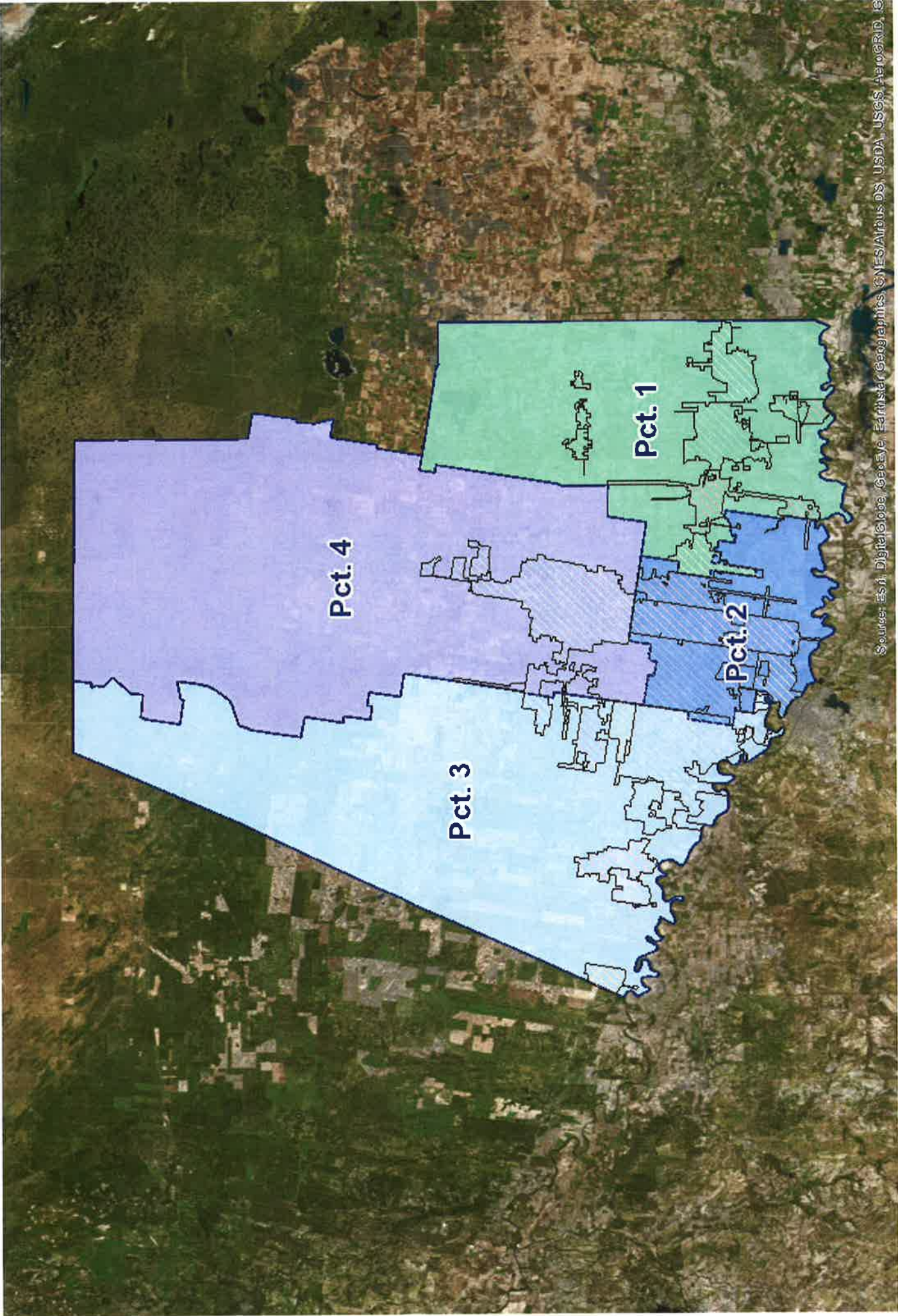
Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:





Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN

