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Grant/App: 3486401      Start Date: 1/1/1900  
 Status: Application Pending Submission      End Date: 1/1/1900      Fund Source: BG Rifle-Resistant Body Armor Grant Program (BAGP)  
 Current Program Manager:      Liquidation Date:      OOG Solicitation: BG10 Rifle-Resistant Body Armor Grant Program (BAGP) [Announcement](#)  
 CFDA: NONE

- Eligibility
  - Profile
  - Narrative
  - Activities
  - Measures
  - Budget
  - Documents
  - Conditions of Funding
  - Submit Application
  - Summary
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**NOTICE - 2-HOUR TIMEOUT:** This page will timeout after 2 hours of inactivity. You may save your work at any time by clicking the Save Only button at the bottom of the page. The system will alert you when there is 15 minutes remaining in your session.

**General Information and Instructions**

[View Introduction](#)

[View Designate Grant Officials](#)

[View Update/Reassign Grant Officials](#)

[View Messages to OOG](#)

**Identifying Information**

Applicant Agency Name:

Project Title:

Division or Unit to Administer the Project:

Agency Address Line 1:

Agency Address Line 2:

City:       State:       Zip Code:

Start Date:

End Date:

Plan Year:

**Target Area Information**

Select Your Project's Geographic Impact:  
 Local    Regional    Statewide

Select Your Primary Service County:  
 The county in which the majority of services will be provided, or select **Impact is Statewide**:

Your project will provide services within:

Select all of the counties within the project's service area:

[Click to View County List](#)

View the list of counties you selected that are within the project's service area:

Grant Officials Information

Authorized Official Email Address:

[Assign Authorized Official](#)

Financial Officer Email Address:

[Assign Financial Officer](#)

Project Director Email Address:

[Assign Project Director](#)

Grant Writer Email Address:

sheriff.guerra@hidalgoso.org [Assign Grant Writer](#)

Title: Mr.		First Name: Eddie	
Last Name: Guerra		Fax Number: 956-393-6179	
Business Phone: 956-383-8114		Salutation: Sheriff	
Position: Sheriff		Address Line 2:	
Address Line 1: 711 El Cibolo Road		City: Edinburg	State: Texas
City: Edinburg		Zip Code: 78540	

Notes by Grantee to OOG:

Note from Grantee to OOG

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 Current Program Manager:      Liquidation Date:  
 CFDA: NONE      OOG Solicitation: BG18 Rifle-Resistant Body Armor Grant Program (BAGP) [Announcement](#)

Eligibility   Profile   Narrative   Activities   Measures   Budget   Documents   Conditions of Funding   Submit Application   Summary   Upload Files   My Home  
 Details   Grant Vendor

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**General Information and Instructions**

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**Vendor Identifying Information**

**Organization Type**

Select your type of organization. Then, if prompted, select any additional organization information:

Unit of Local Government (City, Town, or Village)

- applying to provide services to all others

Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):

Select matching payment information:

- No Match

Data Universal Numbering System (DUNS):

**System for Award Management (SAM)**

Applicant assures that it is currently registered or will register in the federal System for Award Management (SAM) database. Information about registration procedures can be accessed at <https://www.sam.gov/>.

Enter the SAM Expiration Date:

Is your Agency actively seeking a valid SAM registration?  Yes

**Upload Vendor Information Documents**

Must upload Direct Deposit, New Payee ID, and W9 forms prior to submitting application.

Choose file type to upload:  Direct Deposit  New Payee ID  W9  Other

Enter the Description of the File to be uploaded, then click the Browse button:

When the Name of the File displays in the box below, click on the Upload button:

**Uploaded Documents**

File Description	Uploaded By User Name	Date / Time File Uploaded	Size of File
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Notes by Grantee to OOG:

Note from Grantee to OOG



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- [Eligibility](#) [Profile](#) [Narrative](#) [Activities](#) [Measures](#) [Budget](#) [Documents](#) [Conditions of Funding](#) [Submit Application](#) [Summary](#) [Upload Files](#) [My Home](#)

**General Information and Instructions**

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**Fund Source Information and Instructions**

**Reserved**

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**List of Application Errors and Incomplete Information**

Item(s) that Need to be Resolved	Tab Name
Required: Project Title for this project.	Profile
Required: Start Date for this project.	Profile
Error! The Project End Date day must be the last day of the month	Profile
Required: Geographic Impact for this project.	Profile
Required: End Date for this project.	Profile
Required: Division or Unit to Administer the Project.	Profile
Required: Primary Impact County.	Profile
Required: County / Counties within the Impact Area.	Profile
Required: Applicant Agency Name.	Profile
Required: Grantee Address.	Profile
Required: City.	Profile
Required: State.	Profile
Required: Zip Code.	Profile
Required: Zip Code must be in the format ####-####.	Profile
Required: The designation of one or more of the following grant officials: Authorized Official, Financial Officer, and/or Project Director.	Profile
Invalid: The Authorized Official, Financial Officer, and the Project Director must be separate persons when named as a grant official for this project. For more information please reference 1 TAC, §3.2501.	Profile
Required: Data Universal Numbering System (DUNS) is a required field. You must enter the DUNS number assigned to your agency.	GrantVendor
Required: The Direct Deposit form must be uploaded before you can submit your application.	GrantVendor
Required: The W9 form must be uploaded before you can submit your application.	GrantVendor
Required: The New Payee ID form must be uploaded before you can submit your application.	GrantVendor
Required: Information regarding total students served.	Activities
Required: Information regarding contract compliance.	Documents
Required: Information regarding lobbying assurances.	Documents
Required: Information regarding lobbying assurances.	Documents
Required: Information regarding the grantee's fiscal year.	Documents
Required: Information regarding the grantee's fiscal year.	Documents
Required: Information regarding Sources of Financial Support.	Documents
Required: Information regarding Sources of Financial Support.	Documents
Required: Information regarding single audits.	Documents
Required: Information regarding EEOC Certification.	Documents
Required: Information regarding debarment certification.	Documents
Required: Information for tactical officers.	Narrative
Required: Information for tactical officers.	Narrative
Required: Information for tactical officers.	Narrative
Required: Information for traffic or highway officers.	Narrative
Required: Information for traffic or highway officers.	Narrative
Required: Information for traffic or highway officers.	Narrative
Required: Information for traffic or highway officers.	Narrative
Required: Information for all other officers.	Narrative
Required: Information for all other officers.	Narrative
Required: Information for all other officers.	Narrative
Required: Information for reserve officers.	Narrative
Required: Information for reserve officers.	Narrative
Required: Information for reserve officers.	Narrative
Required: Information regarding ICE requests.	Narrative
Required: The name of the civil rights liaison.	Narrative
Required: The address for the civil rights liaison.	Narrative

Required: The phone number for the civil rights liaison.	Narrative
Required: Overall certification requirement.	Narrative
Required: All Narrative questions must be answered.	Narrative
Invalid: The Dedicated Percentage column for the OOG and Grantee-Defined Project Activities under the Detailed Project Activity Area must total 100 %.	Activities
Invalid: The Dedicated Percentage column for the CJD Purpose Areas must total 100%.	Activities
Required: Information regarding the Budget Details tab.	Budget Details

List of Post-Award Conditions of Funding and Other Fund-Specific Requirements

Condition of Funding / Project Requirement	Date Created	Date Met	Hold Project Funds	Hold Line Item Funds

[Submit Initial Application](#) | [Withdraw Application](#)