

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): []
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*** 3. Date Received:** [REDACTED] **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:** Hidalgo County DA HIDTA Task Force
*** b. Employer/Taxpayer Identification Number (EIN/TIN):** [74-600717] *** c. Organizational DUNS:** [1031008340000]

d. Address:

*** Street1:** 3100 S. Business 281 Foxtrot Building
Street2: []
*** City:** Edinburg, TX 78539-9670
County/Parish: []
*** State:** TX: Texas
Province: []
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 78539-9670

e. Organizational Unit:

Department Name: Hidalgo County **Division Name:** Criminal District Attorney's

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *** First Name:** Rammon
Middle Name: []
*** Last Name:** Garcia
Suffix: []
Title: County Judge

Organizational Affiliation: Hidalgo County District Attorney's Office HIDTA Task Force

*** Telephone Number:** [956-381-0444] **Fax Number:** [956-381-8722]

*** Email:** jsifuentes2@hidtataskforce.us

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*** 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:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

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:

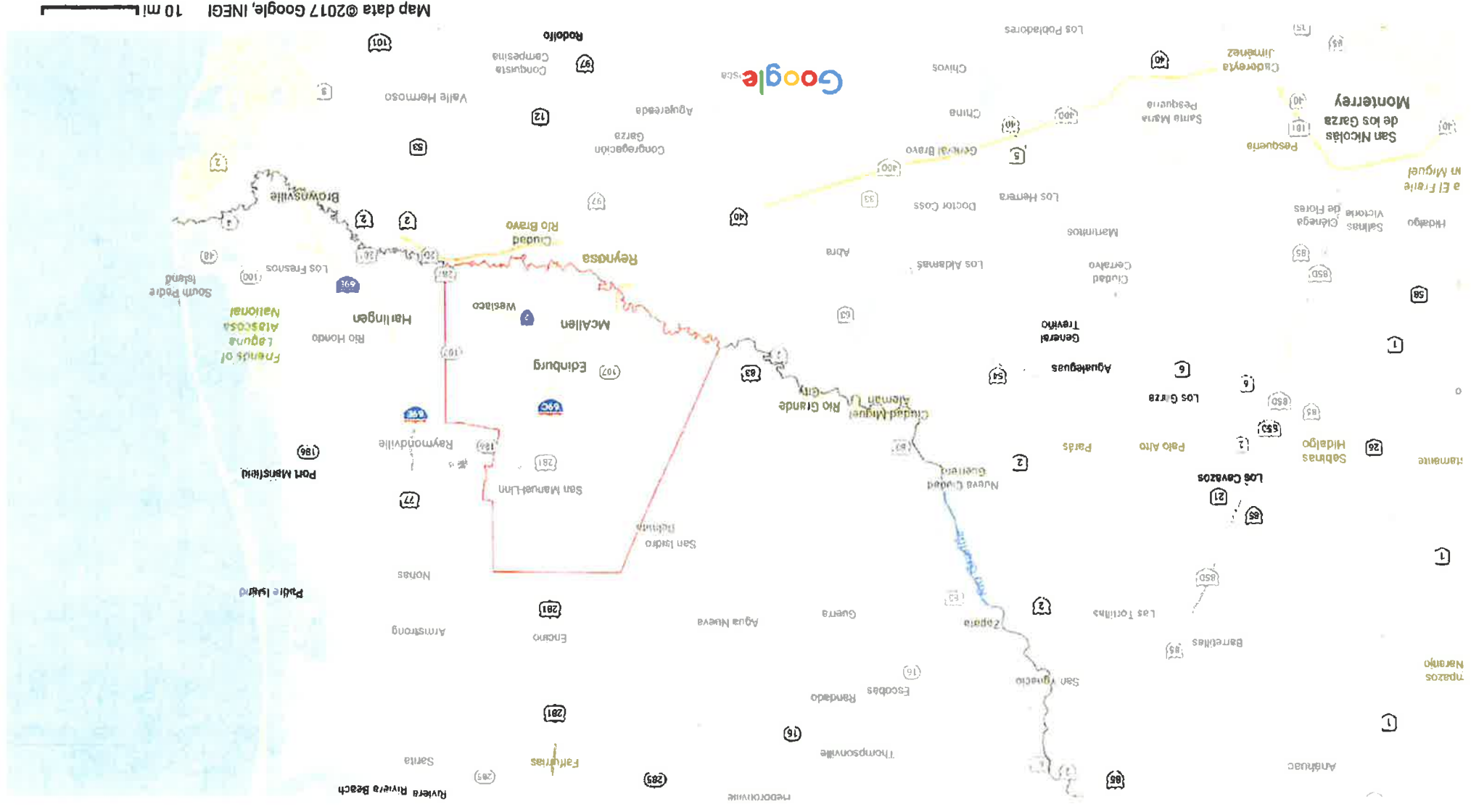
* Telephone Number:

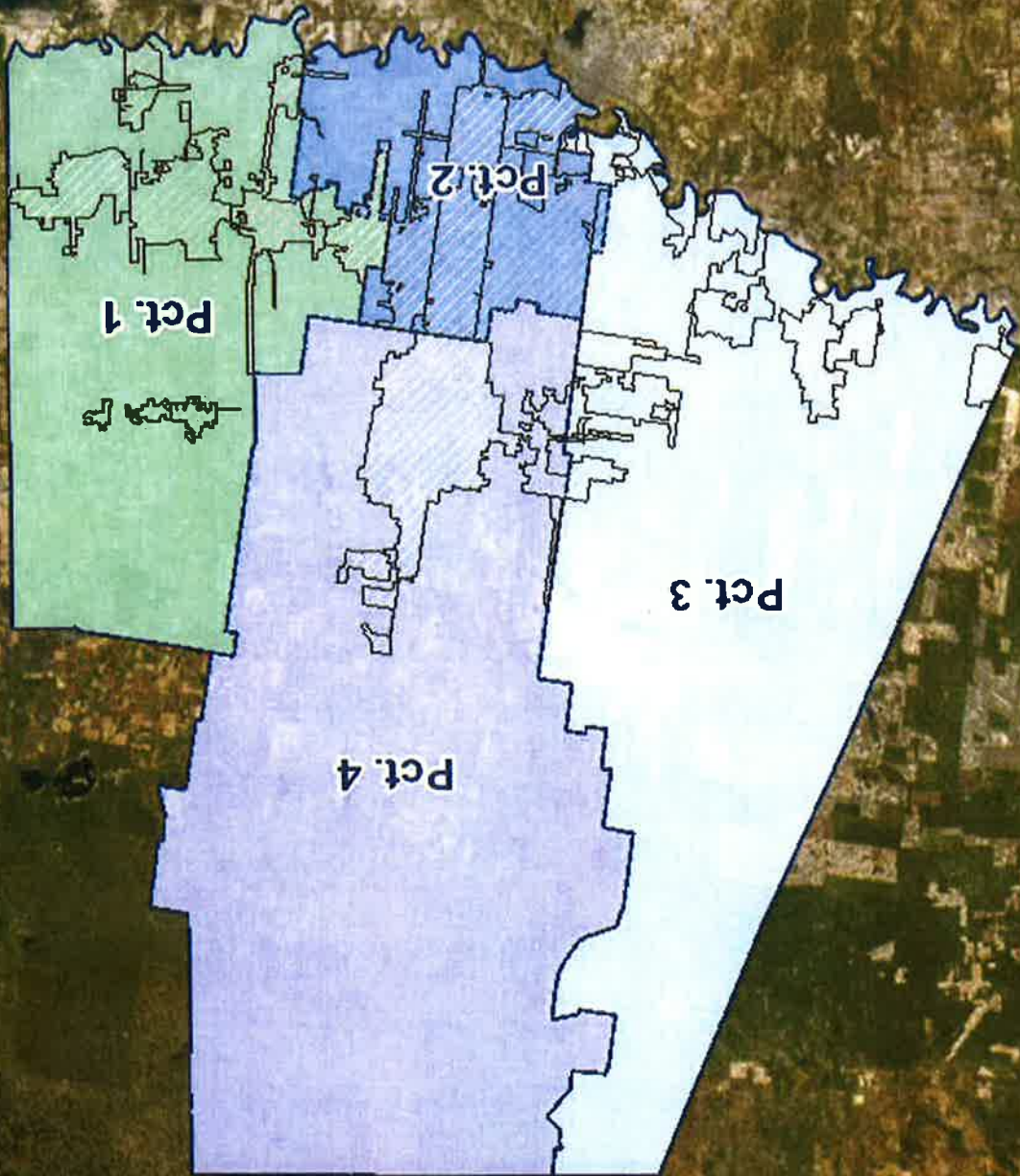
Fax Number:

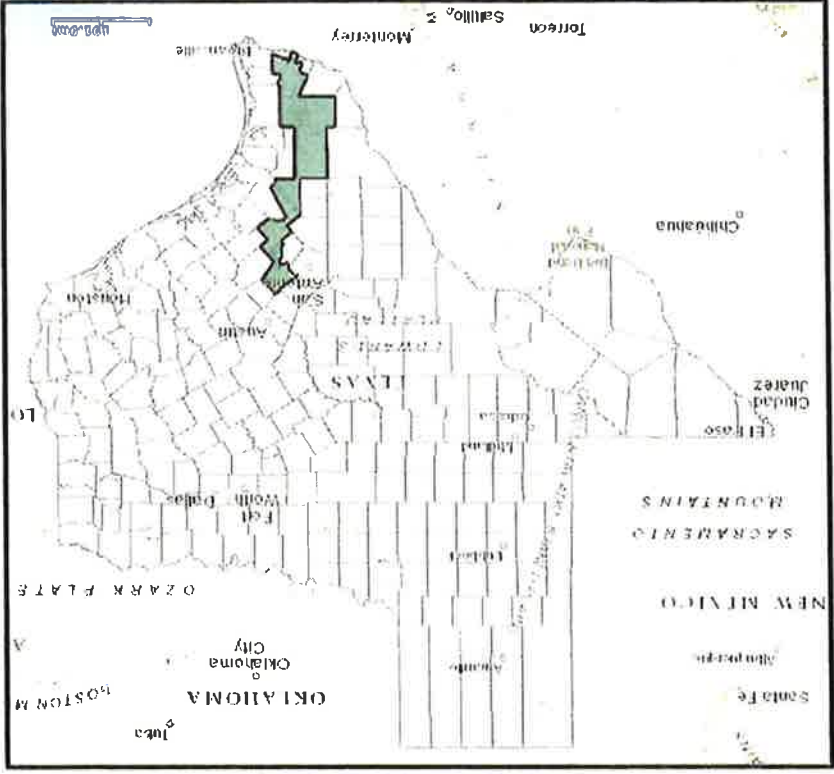
* Email:

* Signature of Authorized Representative:

* Date Signed:

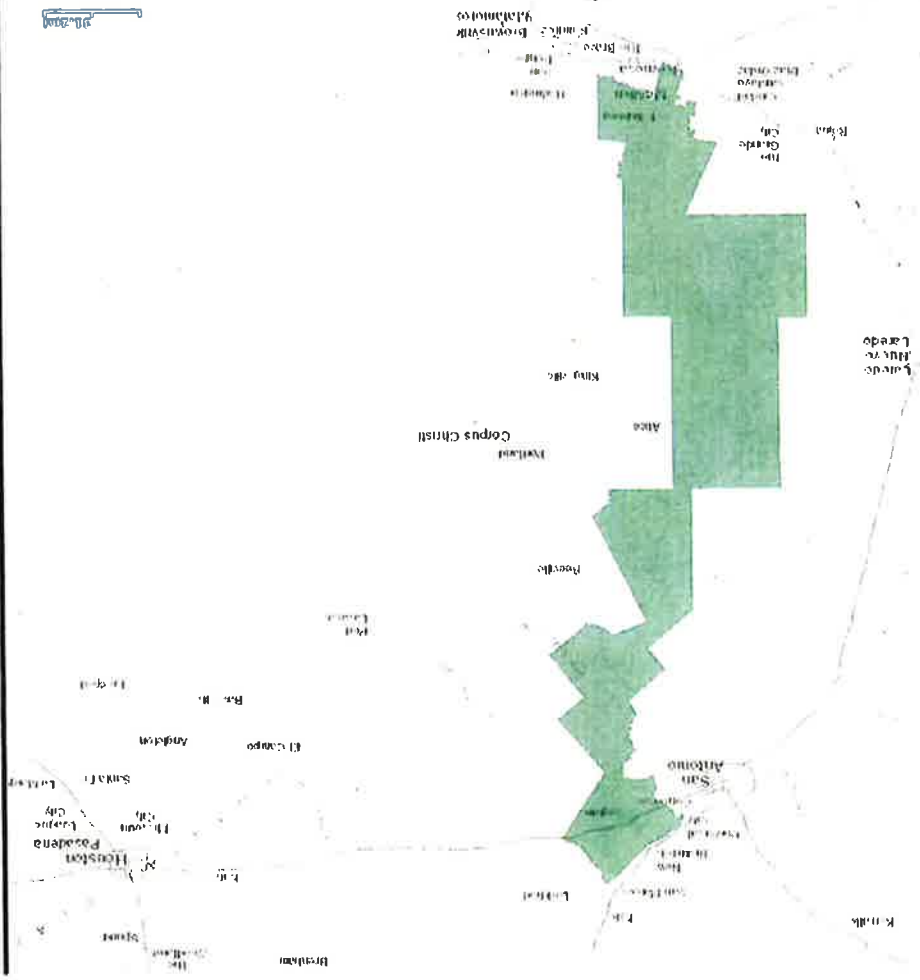






Texas US District 15

US Congressional districts since 2013
 Source: <http://nationalmag.gov/>, 1 Million Scale project.



100 Miles