

# PART I - FACE SHEET

## APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application  Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

18SF206895

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

18SFWTX002

### 5. APPLICATION INFORMATION

LEGAL NAME: County of Hidalgo Community Service Agency

DUNS NUMBER: 161811138

ADDRESS (give street address, city, state, zip code and county):

PO Box 204  
Edinburg TX 78540 - 0204  
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Jaime Longoria  
TELEPHONE NUMBER: (956) 383-6240  
FAX NUMBER: (956) 380-4324  
INTERNET E-MAIL ADDRESS: jaime.longoria@co.hidalgo.tx.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

742234352

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

NEW  NEW/PREVIOUS GRANTEE  
 CONTINUATION  AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

This amendment will revise the federal mileage rate to .545 under local travel in Budget Part I-C.

Criminal Background checks will be conducted for 40 FGP volunteers. Federal background checks for 40 vols. x \$50.00 = \$2,000.00 and State Background

checks for 40 vols. x \$25.00 = \$1,000.00 and NSPANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FGP Rio Grande Valley

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):

Texas: Cameron, Hidalgo and Willacy Counties

13. PROPOSED PROJECT: START DATE: 07/01/18 END DATE: 06/30/21

14. CONGRESSIONAL DISTRICT OF: a.Applicant  b.Program

15. ESTIMATED FUNDING: Year #:

a. FEDERAL	\$ 242,447.00
b. APPLICANT	\$ 32,776.00
c. STATE	\$ 5,476.00
d. LOCAL	\$ 27,300.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 275,223.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES if "Yes," attach an explanation.  NO

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. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jaime R. Longoria

b. TITLE:

c. TELEPHONE NUMBER:

(956) 383-6240

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

05/18/18