

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: 18SC206866	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 18SCWTX003

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 R. Longoria TELEPHONE NUMBER: (956) 383-6240 FAX NUMBER: INTERNET E-MAIL ADDRESS: jaime.longoria@co.hidalgo.tx.us
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 742234352	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Local Government, Municipal
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8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input checked="" type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below): To modify mileage rate to .545 per mile and to provide detailed costs to the criminal background check line item.	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
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10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP Rio Grande Valley
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): State of Texas: Hidalgo, Cameron and Willacy Counties	11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 07/01/18 END DATE: 06/30/19	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="TX 15"/> b.Program <input type="text" value="TX 15"/>
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15. ESTIMATED FUNDING: Year #: <input type="text" value="1"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 427,428.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 54,475.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 6,475.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 48,000.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 481,903.00</td> </tr> </table>	a. FEDERAL	\$ 427,428.00	b. APPLICANT	\$ 54,475.00	c. STATE	\$ 6,475.00	d. LOCAL	\$ 48,000.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 481,903.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372
a. FEDERAL	\$ 427,428.00														
b. APPLICANT	\$ 54,475.00														
c. STATE	\$ 6,475.00														
d. LOCAL	\$ 48,000.00														
e. OTHER	\$ 0.00														
f. PROGRAM INCOME	\$ 0.00														
g. TOTAL	\$ 481,903.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> 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