

### Application for Federal Assistance SF-424

\* 1. Type of Submission:  
 Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:  
 New  
 Continuation  
 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: Hidalgo County DA HIDTA Task Force

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
74-6000717

\* c. Organizational DUNS:  
1031108340000

#### d. Address:

\* Street1: 3100 S. Business 281 Foxtrot Building  
Street2: \_\_\_\_\_  
\* City: Edinburg  
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.  
Middle Name: \_\_\_\_\_  
\* Last Name: Cortez  
Suffix: \_\_\_\_\_  
\* First Name: Richard  
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@hidtaskforce.us

**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:

**\* 12. Funding Opportunity Number:**

[Redacted]

\* Title:

High Intensity Drug Trafficking Areas Program

**13. Competition Identification Number:**

Title:

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

[Empty field]

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="710,705.00"/>
* 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="710,705.00"/>

**\* 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: