

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> 04/21/2020	<b>4. Applicant Identifier:</b> 2020-H1530-TX-VD
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<b>5a. Federal Entity Identifier:</b> 17460007176041	<b>5b. Federal Award Identifier:</b> _____
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Hidalgo County	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 74-6000717	<b>* c. Organizational DUNS:</b> 1031108340000

**d. Address:**

<b>* Street1:</b> 100 E. Cano St., 2nd Floor
<b>Street2:</b> _____
<b>* City:</b> Edinburg
<b>County/Parish:</b> _____
<b>* State:</b> TX: Texas
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 78539-4548

**e. Organizational Unit:**

<b>Department Name:</b> Hidalgo County Sheriff's Office	<b>Division Name:</b> _____
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mrs.	<b>* First Name:</b> Sabrina
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Solis	
<b>Suffix:</b> _____	

<b>Title:</b> Program Manager
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<b>Organizational Affiliation:</b> Hidalgo County Sheriff's Office
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<b>* Telephone Number:</b> (956)393-6013	<b>Fax Number:</b> _____
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<b>* Email:</b> sabrina.solis@hidalgo.org
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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:**

Department of Justice

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

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

CFDA #16.034

\* Title:

Coronavirus Emergency Supplemental Funding Program FY 2020

**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:**

Hidalgo-2020 Coronavirus Emergency Supplemental-Sheriff's Office

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="146,058.00"/>
* 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="146,058.00"/>

**\* 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: