

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:

2020-H7476-TX-DJ

5a. Federal Entity Identifier:

17460007176041

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Hidalgo County

* b. Employer/Taxpayer Identification Number (EIN/TIN):

74-6000717

* c. Organizational DUNS:

1031108340000

d. Address:

* Street1:

100 E. Cano St. 2nd Floor

Street2:

* City:

Edinburg

County/Parish:

* State:

TX: Texas

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

78539

e. Organizational Unit:

Department Name:

Hidalgo County Sheriff's Office

Division Name:

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

Prefix:

Mrs.

* First Name:

Sabrina

Middle Name:

* Last Name:

Solis

Suffix:

Title:

Program Manager I

Organizational Affiliation:

Hidalgo County Sheriff's Office

* Telephone Number:

9563936013

Fax Number:

* Email:

sabrina.solis@hidalgoso.org

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:

Department of Justice

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Grant (JAG) Program

* 12. Funding Opportunity Number:

16.738

* Title:

Edward Byrne Memorial Justice Grant (JAG) Program FY 2020 Local Solicitation

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-FY20 JAG Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **TX-all**

* b. Program/Project **TX-all**

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **10/1/2020**

* b. End Date: **9/30/2022**

18. Estimated Funding (\$):

* a. Federal	38,113.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

*** 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

Add Attachment

Delete Attachment

View Attachment

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: **Mr.** * First Name: **Richard**
Middle Name: **F.**
* Last Name: **Cortez**
Suffix:

* Title: **Hidalgo County Judge**

* Telephone Number: **9563832600** Fax Number:

* Email: **maria.lumbreras@co.hidalgo.tx.us**

* Signature of Authorized Representative:

* Date Signed: