

Application for Federal Assistance SF-424								
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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. UEI: LHACK1UL6NR3					
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.		* First Name: Richard						
Middle Name: _____								
* Last Name: Cortez								
Suffix: _____								
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@hidtataskforce.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:**

ONDCE

11. Catalog of Federal Domestic Assistance Number:

95.001

CFDA Title:

High Intensity Drug Trafficking Areas Program

*** 12. Funding Opportunity Number:**

HIDTA

* Title:

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:**

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="775,705.00"/>
* 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="775,705.00"/>

*** 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: