

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	O-BJA-2024-172239
Opportunity Title:	BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program- Local Solicitation
Opportunity Package ID:	PKG00287845
CFDA Number:	16.738
CFDA Description:	Edward Byrne Memorial Justice Assistance Grant Program
Competition ID:	
Competition Title:	
Opening Date:	09/04/2024
Closing Date:	10/16/2024
Agency:	Bureau of Justice Assistance
Contact Information:	Erich Dietrich

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01414295
Application Filing Name:	HCSO JAG FY24
UEI:	LHACK1UL6NR3
Organization:	COUNTY OF HIDALGO
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Sep 11, 2024 03:24:24 PM EDT
Form State:	No Errors

FORM ACTIONS:[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

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:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

O-BJA-2023-171790

5a. Federal Entity Identifier:

1-746000717-6-041

5b. Federal Award Identifier:

State Use Only:**6. Date Received by State:**

7. State Application Identifier:TX
8. APPLICANT INFORMATION:*** a. Legal Name:**

Hidalgo County

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

74-6000717

*** c. UEI:**

LHACK1UL6NR3

d. Address:*** Street1:**

711 E El Cibolo Rd

Street2:

*** City:**

Edinburg

County/Parish:

TX

*** State:**

TX: Texas

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

78539-4533

e. Organizational Unit:**Department Name:**

Hidalgo Co. Sheriff's Office

Division Name:

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

Jose

Middle Name:*** Last Name:**

Rodriguez

Suffix:**Title:**

Program Manager

Organizational Affiliation:

Hidalgo County Sheriff's Office

*** Telephone Number:**

9563936176

Fax Number:

*** Email:**

jose.rodriguez@hidalgo.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:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2024-172239

* Title:

BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program- 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 County Sheriff's Office JAG FY2024

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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	36,403.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	36,403.00

*** 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

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 18, 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:	Valde
Middle Name:			
* Last Name:	Guerra		
Suffix:			

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: