WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

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-2025-172542
Opportunity Title:	BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula
Opportunity Package ID:	PKG00292190
Assistance Listing Number:	16.738
Assistance Listing Title:	Edward Byrne Memorial Justice Assistance Grant Program
Competition ID:	C-BJA-2025-00119-PROD
Competition Title:	Category 2: Applicants with allocation amounts $25,000 or more
Opening Date:	03/13/2026
Closing Date:	04/21/2026
Agency:	Bureau of Justice Assistance
Contact Information:	OJP Resource Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01631590
Application Filing Name:	JAG FY25
UEI:	LHACK1UL6NR3
Organization:	COUNTY OF HIDALGO
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Apr 02, 2026 10:12:41 AM EDT
Form State:	No Errors

FORM ACTIONS:

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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: Hidalgo
* State: TX: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 78539-4533

e. Organizational Unit:

Department Name: Hidalgo County Sheriff's Offic

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@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:**

Bureau of Justice Assistance

11. Assistance Listing Number:

16.738

Assistance Listing Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2025-172542

* Title:

BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Local Formula

13. Competition Identification Number:

C-BJA-2025-00119-PROD

Title:

Category 2: Applicants with allocation amounts $25,000 or more

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 FY2025

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: 09/01/2026

* b. End Date: 08/31/2027

18. Estimated Funding ($):

* a. Federal	44,701.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	44,701.00

*** 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: Hidalgo County Executive Officer

* Telephone Number: 9562927655

Fax Number:

* Email: valde.guerra@co.hidalgo.tx.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.