WORKSPACE FORM

1-800-518-4726
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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-2026-172587
Opportunity Title:	OJP FY 2026 Special Attorneys Program
Opportunity Package ID:	PKG00292465
Assistance Listing Number:	16.076
Assistance Listing Title:	Law Enforcement Support for Combatting Criminal Aliens, Drug, and Human Trafficking
Competition ID:	
Competition Title:	
Opening Date:	04/21/2026
Closing Date:	05/15/2026
Agency:	Bureau of Justice Assistance
Contact Information:	OJP Response Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01665199
Application Filing Name:	OJP FY 2026 Special Attorneys Program
UEI:	CGFDB6KRSLN6
Organization:	WEBB, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	May 15, 2026 06:07:52 PM EDT
Form State:	No Errors

FORM ACTIONS:

OMB Number: 4040-0004
Expiration Date: 03/31/2029

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:

8. APPLICANT INFORMATION:

* a. Legal Name: Webb County

* b. Employer/Taxpayer Identification Number (EIN/TIN): 746001587

* c. UEI: CGFDB6KRSLN6

d. Address:

* Street1: 1110 Victoria Street Suite 401
Street2:
* City: Laredo
County/Parish: Webb
* State: TX: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 78040-4426

e. Organizational Unit:

Department Name: District Attorney's Office

Division Name:

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

Prefix: Mr.
* First Name: Raul
Middle Name:
* Last Name: Coss
Suffix:

Title: Chief Financial Officer

Organizational Affiliation: District Attorney's Office

* Telephone Number: 9565234916
Fax Number: 9565235054

* Email: rcoss@webbcountytx.gov

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:

16.076

Assistance Listing Title:

Law Enforcement Support for Combatting Criminal Aliens, Drug, and Human Trafficking

*** 12. Funding Opportunity Number:**

O-BJA-2026-172587

* Title:

OJP FY 2026 Special Attorneys Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas affected by project.docx | Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Webb County Special Attorneys 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-028 * b. Program/Project: MD

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2026 * b. End Date: 05/31/2029

18. Estimated Funding ($):

* a. Federal	10,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,000,000.00

*** 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: Judge * First Name: Tano

Middle Name:

* Last Name: Tijerina

Suffix:

* Title: Webb County Judge

* Telephone Number: 9565234600 Fax Number:

* Email: judge_tano@webbcountytx.gov

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