

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-OJJDP-2021-92009
Opportunity Title:	OJJDP FY 2021 Family Drug Court Program
Opportunity Package ID:	PKG00266906
CFDA Number:	16.585
CFDA Description:	Drug Court Discretionary Grant Program
Competition ID:	C-OJJDP-2021-00063-PROD
Competition Title:	1-Establishing New Family Drug Courts
Opening Date:	05/05/2021
Closing Date:	06/22/2021
Agency:	Office of Juvenile Justice Delinquency Prevention
Contact Information:	OJP Response Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00703862
Application Filing Name:	Williamson County Family Recovery Court
DUNS:	0769300490000
Organization:	WILLIAMSON, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	3.0
Requirement:	Mandatory
Download Date/Time:	Jun 10, 2021 12:31:22 PM EDT
Form State:	No Errors

FORM ACTIONS:

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:

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:**

County of Williamson

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

74-60000978

*** c. Organizational DUNS:**

0769300490000

d. Address:

*** Street1:**

710 Main St., Ste. 301

Street2:

*** City:**

Georgetown

County/Parish:

Williamson

*** State:**

TX: Texas

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

78626-5703

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*** First Name:**

Ronald

Middle Name:

S

*** Last Name:**

Morgan

Suffix:

Jr.

Title:

Director

Organizational Affiliation:

District Court Administration

*** Telephone Number:**

512-943-3530

Fax Number:

*** Email:**

ronald.morgan@wilco.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:

Office of Juvenile Justice Delinquency Prevention

11. Catalog of Federal Domestic Assistance Number:

16.585

CFDA Title:

Drug Court Discretionary Grant Program

* 12. Funding Opportunity Number:

O-OJJDP-2021-92009

* Title:

OJJDP FY 2021 Family Drug Court Program

13. Competition Identification Number:

C-OJJDP-2021-00063-PROD

Title:

1-Establishing New Family Drug Courts

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Williamson County Family Recovery Court

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

31st

* b. Program/Project

31st

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2021

* b. End Date:

09/30/2024

18. Estimated Funding (\$):

* a. Federal	698,002.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	698,002.00

*** 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 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:

Hon.

* First Name:

Bill

Middle Name:

* Last Name:

Gravell

Suffix:

* Title:

Williamson County Judge

* Telephone Number:

512-943-1550

Fax Number:

* Email:

BGravell@wilco.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.