

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:

Choose State...

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Williamson County

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

746000978

*** c. UEI:**

C4BDCBLYNND6

d. Address:

* Street1: 710 S Main St Suite #301

Street2:

* City: Georgetown

County/Parish:

Williamson

* State:

TX: Texas

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 78626-5700

e. Organizational Unit:

Department Name:

Sheriff's Office

Division Name:

Community Affairs Unit

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

Prefix:

Ms.

* First Name:

Dana

Middle Name:

* Last Name:

Foster

Suffix:

Title: Coordinator

Organizational Affiliation:

* Telephone Number: 512-943-1168

Fax Number:

* Email: dfoster@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:

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:

C-BJA-2024-00091-PROD

Title:

Category 1- Applicants with eligible allocation amounts of less than \$25,000

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Williamson County Sheriff's Office Community Affairs Unit Programs - DARE, Citizens Academy, Junior Deputy Academy, and Public Safety Cadets 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

31

* b. Program/Project

31

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2024

* b. End Date:

09/30/2025

18. Estimated Funding (\$):

* a. Federal	11,998.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	11,998.00

*** 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:

Bill

Middle Name:

* Last Name:

Gravell

Suffix:

Jr.

* Title:

County Judge

* Telephone Number:

512-943-1550

Fax Number:

* Email:

ctyjudge@wilco.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.