

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-OJDP-2025-172456

Opportunity Title: OJDP FY25 Enhancing Juvenile Indigent Defense

Opportunity Package ID: PKG00291486

Assistance Listing Number: 16.836

Assistance Listing Title: Indigent Defense

Competition ID:

Competition Title:

Opening Date: 09/15/2025

Closing Date: 10/23/2025

Agency: Office of Juvenile Justice Delinquency Prevention

Contact Information: OJP Response Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID: WS01579335

Application Filing Name: Youth Indigent Defense in Williamson County

UEI: C4BDCBLYNND6

Organization: WILLIAMSON COUNTY

Form Name: Application for Federal Assistance (SF-424)

Form Version: 4.0

Requirement: Mandatory

Download Date/Time: Oct 21, 2025 02:48:13 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:**

Williamson County, Texas

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

17460009784000

*** c. UEI:**

C4BDCBLYNND6

d. Address:

*** Street1:**

710 Main Street

Street2:

*** City:**

Georgetown

County/Parish:

Williamson

*** State:**

TX: Texas

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

78626-5292

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:**

August

Middle Name:

*** Last Name:**

Alvarado

Suffix:

Title:

Director of District Court Administration

Organizational Affiliation:

Williamson County

*** Telephone Number:**

512.943.3530

Fax Number:

*** Email:**

august.alvarado@wilcotx.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:

Office of Juvenile Justice Delinquency Prevention

11. Assistance Listing Number:

16.836

Assistance Listing Title:

Indigent Defense

* 12. Funding Opportunity Number:

O-OJJDP-2025-172456

* Title:

OJJDP FY25 Enhancing Juvenile Indigent Defense

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:

Indigent Defense for Youth in Williamson County

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	388,850.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	388,850.00

*** 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:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: