

### 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

\* 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:

\* State:

TX

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:

\* First Name:

Dana

Middle Name:

\* Last Name:

Foster

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number:

512.943.1168

Fax Number:

\* Email:

dana.foster@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:**

Bureau of Justice Assistance

**11. Assistance Listing Number:**

Assistance Listing Title:

**\* 12. Funding Opportunity Number:**

O-BJA-2025-17254

\* Title:

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

**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:**

Williamson County Sheriff's Office Community Affairs Unit Programs - Junior Deputy Academy (JDA), Drug Abuse Resistance Education (DARE), Adult Citizens Academy, Youth and Young Adult Academy, National Night Out, Citizens Response to Active Shooter Events (CRASE), Take 10, and Stop the Bleed

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	<input type="text" value="15,073.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="15,073.00"/>

**\* 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: