

<b>Application for Federal Assistance SF-424</b>			
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>	
<b>* 3. Date Received:</b> <input type="text" value="06/30/2022"/>		<b>4. Applicant Identifier:</b> <input type="text"/>	
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>5b. Federal Award Identifier:</b> <input type="text"/>	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> <input type="text" value="Fort Bend County"/>			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="1746001969A1"/>		<b>* c. UEI:</b> <input type="text" value="MJG8N8EPN2L3"/>	
<b>d. Address:</b>			
<b>* Street1:</b> <input type="text" value="301 Jackson St"/> <b>Street2:</b> <input type="text"/> <b>* City:</b> <input type="text" value="Richmond"/> <b>County/Parish:</b> <input type="text"/> <b>* State:</b> <input type="text" value="TX: Texas"/> <b>Province:</b> <input type="text"/> <b>* Country:</b> <input type="text" value="USA: UNITED STATES"/> <b>* Zip / Postal Code:</b> <input type="text" value="77469-3108"/>			
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> <input type="text"/>		<b>Division Name:</b> <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> <input type="text" value="Mr."/> <b>* First Name:</b> <input type="text" value="Frank"/> <b>Middle Name:</b> <input type="text"/> <b>* Last Name:</b> <input type="text" value="McDaniel"/> <b>Suffix:</b> <input type="text"/> <b>Title:</b> <input type="text" value="Director"/> <b>Organizational Affiliation:</b> <input type="text"/> <b>* Telephone Number:</b> <input type="text" value="281-372-5850"/> <b>Fax Number:</b> <input type="text"/> <b>* Email:</b> <input type="text" value="FMcDaniel@houstonhidta.net"/>			

**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:**

ONDCP

**11. Catalog of Federal Domestic Assistance Number:**

95.001

CFDA Title:

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

HIDTA

\* Title:

High Intensity Drug Trafficking Area

**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:**

High Intensity Drug Trafficking Area program. Initiatives defined and approved by Houston HIDTA's Executive Board

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

22

\* b. Program/Project

22

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

01/01/2023

01/01/2023 initial

\* b. End Date:

12/31/2024

initial

12/31/2023

**18. Estimated Funding (\$):**

\* a. Federal

1,784,801.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

1,784,801.00

**\* 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:

MI

\* First Name:

EP

Middle Name

\* Last Name:

George

Suffix:

\* Title:

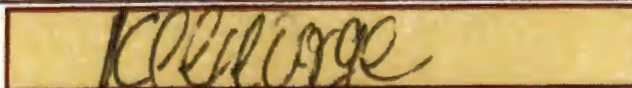
County Judge

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative



\* Date Signed:

8/22/23