

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="10/07/2024"/>	4. Applicant Identifier: <input type="text" value="MJG8N8EPN2L3"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="746001969"/>	* c. UEI: <input type="text" value="MJG8N8EPN2L3"/>
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d. Address:

* Street1:	<input type="text" value="301 Jackson St"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Richmond"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="TX: Texas"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="77469-3108"/>

e. Organizational Unit:

Department Name: <input type="text" value="Fort Bend County"/>	Division Name: <input type="text" value="County Judge's Office"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="KP"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="George"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="281-633-7769"/>	Fax Number: <input type="text"/>
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* Email:

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*** 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 JAG 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:

Title:

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

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**


Fort Bend County FY2024 JAG Program - assisting several law enforcement departments with supplies and equipment.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="22"/>	* b. Program/Project: <input type="text" value="22"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2025"/>	* b. End Date: <input type="text" value="01/01/2027"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="66,670.00"/>
* b. Applicant	<input style="background-color: yellow;" type="text"/>
* c. State	<input style="background-color: yellow;" type="text"/>
* d. Local	<input style="background-color: yellow;" type="text"/>
* e. Other	<input style="background-color: yellow;" type="text"/>
* f. Program Income	<input style="background-color: yellow;" type="text"/>
* g. TOTAL	<input type="text" value="66,670.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="09/04/2024"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> ** 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: <input type="text" value="Mr."/>	* First Name: <input type="text" value="KP"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="George"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Fort Bend County Judge"/>	
* Telephone Number: <input type="text" value="281-633-7769"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="county.judge@fortbendcountytexas.gov"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="10/16/2024"/>