

Application for Federal Assistance SF-424

Version 04

* 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:

10/01/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 10/01/2024

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Fort Bend County

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

746001969

* c. UEI:

MJG8N8EPN2L3

d. Address:

* Street1: 401 Jackson Street

Street2:

* City: Richmond

County:

* State: Texas

Province:

* Country: UNITED STATES

* Zip / Postal Code: 77469-3108

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: Leslie

Middle Name:

* Last Name: Gibbs

Suffix:

Title: Finance Officer

Organizational Affiliation:

* Telephone Number: 281-341-4639

Fax Number:

* Email: leslie.gibbs@fortbendcountytexas.gov

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9. Type of Applicant 1: Select Applicant Type:

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

-HIDTA

11. Catalog of Federal Domestic Assistance Number:

95.001

CFDA Title:

High Intensity Drug Trafficking Areas

*** 12. Funding Opportunity Number:**

HID-HID-25-010

* Title:

High Intensity Drug Trafficking Areas (HIDTA) Program Fiscal Year (FY) 2025 Grant Award

13. Competition Identification Number:

HID-HID-25-010-111241

Title:

High Intensity Drug Trafficking Areas (HIDTA) Program Fiscal Year (FY) 2025 Grant Award

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Houston HIDTA Budget And Initiatives Are Defined By Houston HIDTA Executive Board

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant 22

* b. Program/Project: 22

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

17. Proposed Project:

* a. Start Date: 10/01/2024

* b. End Date: 12/31/2026

18. Estimated Funding (\$):

* a. Federal	832755
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	832755

* 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.)

☐ Yes ☒ No

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: * First Name: KP

Middle Name:

* Last Name: George

Suffix:

* Title: County Judge

* Telephone Number: 2813418608 Fax Number:

* Email: FBC.Judge@fbctx.gov

* Signature of Authorized Representative: Ameena Khan * Date Signed: 10/01/2024

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.