

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-COPS-2025-172413
Opportunity Title:	FY25 COPS Hiring Program
Opportunity Package ID:	PKG00290704
Assistance Listing Number:	16.068
Assistance Listing Title:	COPS Hiring Program
Competition ID:	
Competition Title:	
Opening Date:	05/08/2025
Closing Date:	06/25/2025
Agency:	Community Oriented Policing Services
Contact Information:	COPS Office Response Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01522033
Application Filing Name:	COPS Hiring Grant
UEI:	MJG8N8EPN2L3
Organization:	FORT BEND COUNTY
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Subform Name:	
Requirement:	Mandatory
Download Date/Time:	May 27, 2025 03:20:30 PM EDT
Form State:	

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:

MJG8N8EPN2L3

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Fort Bend County Sheriff's Office

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

74-6001969

* c. UEI:

MJG8N8EPN2L3

d. Address:

* Street1: 301 Jackson St. Ste.#701

Street2:

* City: Richmond

County/Parish:

Fort Bend

* State: TX: Texas

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 77469-1477

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Katina

Middle Name:

* Last Name: Scott

Suffix:

Title: Grants Coordinator

Organizational Affiliation:

* Telephone Number: 281-341-8576

Fax Number:

* Email: katina.scott@fortbendcountytexas.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:

Community Oriented Policing Services

11. Assistance Listing Number:

16.068

Assistance Listing Title:

COPS Hiring Program

* 12. Funding Opportunity Number:

O-COPS-2025-172413

* Title:

FY25 COPS Hiring Program

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:

Building Trust and Safety: Hiring Officers to Strengthen Community Policing

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 TX-22

* b. Program/Project TX 22

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2025

* b. End Date: 09/30/2030

18. Estimated Funding (\$):

* a. Federal	2,599,098.71
* b. Applicant	1,349,048.71
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,948,147.42

*** 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: KP

Middle Name:

* Last Name: George

Suffix:

* Title: County Judge * Telephone Number: 281-341-8608 Fax Number: * Email: FBC.Judge@FBCTX.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.