

## 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:

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. # 101

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:

Dr.

\* First Name:

Tracy

Middle Name:

\* Last Name:

VanWright

Suffix:

Title:

Grants Coordinator

Organizational Affiliation:

\* Telephone Number:

281-341-8573

Fax Number:

\* Email:

tracy.vanwright@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:

Office on Violence Against Women

### 11. Assistance Listing Number:

16.058

Assistance Listing Title:

Demonstration Program on Trauma-Informed, Victim Centered Training for Law Enforcement

### \* 12. Funding Opportunity Number:

O-OVW-2025-172404

\* Title:

OVW Fiscal Year 2025 Demonstration Program on Trauma-Informed, Victim Centered Training for Law Enforcement on Domestic Violence, Dating Violence, Sexual Assault, and Stalking (Abby Honold) 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:

**Demonstration Program: Trauma-informed, victim centered training oppoortunity for law enforcement personnel.**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>			
<b>16. Congressional Districts Of:</b>			
* a. Applicant	22nd Congressional District	* b. Program/Project	TX 22
Attach an additional list of Program/Project Congressional Districts if needed.			
<input style="width: 100%;" type="text"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>			
* a. Start Date:	10/01/2025	* b. End Date:	09/30/2028
<b>18. Estimated Funding (\$):</b>			
* a. Federal	500,000.		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	500,000.		
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.			
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes", provide explanation and attach			
<input style="width: 100%;" type="text"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>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)</b>			
<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.			
<b>Authorized Representative:</b>			
Prefix:	<input style="width: 100%;" type="text"/>	* First Name:	KP
Middle Name:	<input style="width: 100%;" type="text"/>		
* Last Name:	George		
Suffix:	<input style="width: 100%;" type="text"/>		
* Title:	County Judge		
* Telephone Number:	281-633-7769	Fax Number:	<input style="width: 100%;" type="text"/>
* Email:	County.Judge@fortbendcountytexas.gov		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.