

SF-424 (VERSION 4)

OMB Number 4040-0004

Expiration Date 11/30/2025

APPLICATION FOR FEDERAL ASSISTANCE

[424 version 4 Instructions](#)

***** Indicates a required field.

1. Type of Submission * ? <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. Type of Application * ? <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision		If Revision, select appropriate letter(s) * ? --please select -- Other (Specify) * ? <input type="text"/>	
3. Date Received * ? <input type="text" value="10/01/2024"/> 📅			4. Applicant Identifier ? <input type="text"/>		
5a. Federal Entity Identifier ? <input type="text"/>			5b. Federal Award Identifier ? <input type="text"/>		
State Use Only 6. Date Received by State ? <input type="text" value="10/01/2024"/> 📅			7. State Application Identifier ? <input type="text"/>		
8. APPLICANT INFORMATION					
a. Legal Name * ? <input type="text" value="Fort Bend County"/>					
b. Employer/Taxpayer Identification # * ? <input type="text" value="746001969"/>			c. UEI * ? <input type="text" value="MJG8N8EPN2L3"/>		
d. Address					
Country * ? <input type="text" value="UNITED STATES"/>					
Street Address * ? <input type="text" value="401 Jackson Street"/>					
Street Address 2 (Mail Stop) <input type="text"/>					
City * ? <input type="text" value="Richmond"/>					
State * ? <input type="text" value="Texas"/>					
Zip Code ? <input type="text" value="77469"/> - <input type="text" value="3108"/>					
e. Organizational Unit					
Department Name ? <input type="text"/>			Division Name ? <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application					
Prefix ? <input type="text" value="Please select a prefix or choose other and specify"/>					
First Name * ? <input type="text" value="Leslie"/>					
Middle Name ? <input type="text"/>					
Last Name * ? <input type="text" value="Gibbs"/>					
Suffix ? <input type="text"/>					
Title ? <input type="text" value="Finance Officer"/>					

Organizational Affiliation ?

Telephone Number * ?

281-341-4639

Fax ?

Email * ?

leslie.gibbs@fortbendcountytx.gov

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 * ?

-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.) ?

File Name:

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

File Name:

16. Congressional Districts Of

a. Applicant * ?

22

b. Program/Project * ?

22

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

File Name:

17. Proposed Project.

a. Start Date * ?

10/01/2024



b. End Date * ?

12/31/2026



18. Estimated Funding (\$) ?

a. Federal *

832755.00

b. Applicant *

0.00

c. State *
d. Local *
e. Other *
f. Program Income *
g. TOTAL ?

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.

If option (a) please provide a date ?

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.) * ?

- Yes
- No If "Yes", provide explanation in attachment
File Name:

* 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 * ?

Middle Name ?

Last Name * ?

Suffix ?

Title * ?

Telephone Number * ?

Fax ?

Email * ?

Signature of Authorized Representative * ?

Date Signed * ?

Close

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