OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424								
* 1. Type of Submission:  Preapplication  Application  Changed/Corrected Application		New	* If Revision, s	elect appropriate	e letter(s):			
* 3. Date Received:  4. Applicant Identifier:								
5a. Federal Entity Ide	5a. Federal Entity Identifier:  5b. Federal Award Identifier:							
State Use Only:								
6. Date Received by S	6. Date Received by State: 7. State Application Identifier:							
8. APPLICANT INFORMATION:								
* a. Legal Name: Fo	ort Bend Count	у						
* b. Employer/Taxpayer Identification Number (EIN/TIN):  1746001969A1 * c. UEI:  MJG8N8EPN2L3								
d. Address:			2					
* Street1: Street2: * City:	301 Jackson St  Richmond							
County/Parish: * State:	TX: Texas							
Province:  * Country:  * Zip / Postal Code:								
e. Organizational U	nit:			1				
Department Name:			Division N	ame:				
f. Name and contac	t information of pe	erson to be contacted on ma	atters involv	ing this applic	ation:			
Prefix: Mr.  Middle Name: McDa  * Last Name: McDa	aniel	* First Name	Frank					
Title: Director								
Organizational Affiliati	ion:				· · · · · · · · · · · · · · · · · · ·			
* Telephone Number: 281-372-5850 Fax Number:								
* Email: FMcDanie	10houstonhidta	ı.net						

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:					
ONDCP					
11. Catalog of Federal Domestic Assistance Number:					
95.001					
CFDA Title:					
* 12. Funding Opportunity Number:					
HIDTA					
* Title:					
High Intensity Drug Trafficking Area					
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:					
High Intensity Drug Trafficking Area program. Initiatives defined and approved by Houston HIDTA's Executive Board					
Executive Board					
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 22 * b. Program/Project 22								
Attach an additional list of Program/Project Congressional Districts if needed.								
Add Attachment Delete Attachment View Attachment								
17. Proposed Project:								
* a. Start Date: 01/01/2022 * b. End Date: 12/31/2023								
18. Estimated Funding (\$):								
* a. Federal 1,784,801.00								
* b. Applicant								
* c. State								
* d. Local								
* e. Other								
* f. Program Income								
*g. TOTAL 1,784,801.00								
* 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 218, Section 1001)  **   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:         Mr.         * First Name:         KP								
Middle Name:								
* Last Name: George								
Suffix:								
* Title: County Judge								
* Telephone Number: 281-341-8606 Fax Number:								
*Email: county.judge@fbctx.gov								
* Signature of Authorized Representative: KP George * Date Signed: 07/26/2022								