OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 10/07/2024

4. Applicant Identifier: MJG8N8EPN2L3

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 746001969

* c. UEI: MJG8N8EPN2L3

d. Address:

* Street1: 301 Jackson St
Street2:
* City: Richmond
County/Parish:
* State: TX: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 77469-3108

e. Organizational Unit:

Department Name: Fort Bend County

Division Name: County Judge's Office

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

Prefix: Mr.
* First Name: KP
Middle Name:
* Last Name: George
Suffix:

Title: Fort Bend County Judge

Organizational Affiliation: Fort Bend County Judge KP George

* Telephone Number: 281-633-7769
Fax Number:

* Email: county.judge@fortbendcountytx.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:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial JAG Program

*** 12. Funding Opportunity Number:**

O-BJA-2024-172239

* Title:

BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program- Local Solicitation

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:**

Fort Bend County FY2024 JAG Program - assisting several law enforcement departments with supplies and equipment.

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: 01/01/2025 * b. End Date: 01/01/2027

18. Estimated Funding ($):

* a. Federal	66,670.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	66,670.00

*** 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 09/04/2024.

☐ 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: Mr. * First Name: KP

Middle Name:

* Last Name: George

Suffix:

* Title: Fort Bend County Judge

* Telephone Number: 281-633-7769 Fax Number:

* Email: county.judge@fortbendcountytx.gov

* Signature of Authorized Representative: KP George * Date Signed: 10/16/2024