

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-BJA-2024-172239
Opportunity Title:	BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program- Local Solicitation
Opportunity Package ID:	PKG00287845
CFDA Number:	16.738
CFDA Description:	Edward Byrne Memorial Justice Assistance Grant Program
Competition ID:	C-BJA-2024-00091-PROD
Competition Title:	Category 1- Applicants with eligible allocation amounts of less than \$25,000
Opening Date:	09/04/2024
Closing Date:	10/16/2024
Agency:	Bureau of Justice Assistance
Contact Information:	Erich Dietrich

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01427394
Application Filing Name:	EDWARD BYRNE JAG GRANT - EL DORADO COUNTY
UEI:	D1JFHB5MKDF5
Organization:	COUNTY OF EL DORADO
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Oct 08, 2024 05:55:02 PM EDT
Form State:	No Errors

**FORM ACTIONS:**

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: _____	
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: County of El Dorado		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511	* c. UEI: D1JFHB5MKDF5	
<b>d. Address:</b>		
* Street1: 200 Industrial Drive	Street2: _____	
* City: Placerville	County/Parish: CA	
* State: _____	Province: _____	
* Country: AFG: AFGHANISTAN	* Zip / Postal Code: _____	
<b>e. Organizational Unit:</b>		
Department Name: Sheriff's Office	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	* First Name: Monica	
Middle Name: _____	* Last Name: Ferguson	
Suffix: _____	Title: Agency Chief Fiscal Officer	
Organizational Affiliation: El Dorado County Sheriff's Office		
* Telephone Number: 5306217613	Fax Number: _____	
* Email: fergusonm@edso.org		

**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 Justice Assistance Grant 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:**

C-BJA-2024-00091-PROD

Title:

Category 1- Applicants with eligible allocation amounts of less than \$25,000

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Edward Byrne Memorial Justice Assistance Grant (JAG) Program Fiscal Year 2024 Local Solicitation to assist the El Dorado County law enforcement and criminal justice community to prevent/reduce crime

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 <input style="width: 80px;" type="text" value="CA-004"/>	* b. Program/Project <input style="width: 80px;" type="text" value="CA-004"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 300px;" 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: <input style="width: 80px;" type="text" value="10/01/2023"/>	* b. End Date: <input style="width: 80px;" type="text" value="09/30/2025"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input style="width: 100px;" type="text" value="16,134.00"/>
* b. Applicant	<input style="width: 100px;" type="text" value="0.00"/>
* c. State	<input style="width: 100px;" type="text" value="0.00"/>
* d. Local	<input style="width: 100px;" type="text" value="0.00"/>
* e. Other	<input style="width: 100px;" type="text" value="0.00"/>
* f. Program Income	<input style="width: 100px;" type="text" value="0.00"/>
* g. TOTAL	<input style="width: 100px;" type="text" value="16,134.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 80px;" type="text" value="10/08/2024"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input 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: 300px;" 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	
<small>** 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.</small>	
<b>Authorized Representative:</b>	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 300px;" type="text" value="Monica"/>
Middle Name: <input style="width: 300px;" type="text"/>	
* Last Name: <input style="width: 600px;" type="text" value="Ferguson"/>	
Suffix: <input style="width: 100px;" type="text"/>	
* Title: <input style="width: 500px;" type="text" value="El Dorado County Sheriff's Office"/>	
* Telephone Number: <input style="width: 300px;" type="text" value="5306217613"/>	Fax Number: <input style="width: 300px;" type="text"/>
* Email: <input style="width: 600px;" type="text" value="fergusonm@edso.org"/>	
* Signature of Authorized Representative: <input style="width: 200px;" type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input style="width: 200px;" type="text" value="Completed by Grants.gov upon submission."/>