

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="radio"/> Preapplication <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="01/25/2018"/>	4. Applicant Identifier: <input type="text" value="Webb County Court at Law 2"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text" value="12/22/2017"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Webb County Court at Law 2"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="74-60015872"/>	* c. Organizational DUNS: <input type="text" value="0527670300000"/>

d. Address:

* Street1: <input type="text" value="1110 Victoria St, Ste 404"/>
Street2: <input type="text"/>
* City: <input type="text" value="Laredo"/>
County/Parish: <input type="text" value="Webb"/>
* State: <input type="text" value="TX: Texas"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="78040-4439"/>

e. Organizational Unit:

Department Name: <input type="text" value="County Court at Law 2"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Victor"/>
Middle Name: <input type="text" value="G"/>	
* Last Name: <input type="text" value="Villarreal"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Judge/Business Official"/>

Organizational Affiliation: <input type="text"/>
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* Telephone Number: <input type="text" value="956-523-4336"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="arjlozano@webbcountytx.gov"/>
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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: Substance Abuse and Mental Health Services Adminis
11. Catalog of Federal Domestic Assistance Number: 93.243 CFDA Title: Substance Abuse and Mental Health Services Projects of Regional and National Significance
* 12. Funding Opportunity Number: TI-18-008 * Title: SAMHSA Treatment Drug Courts
13. Competition Identification Number: TI-18-008 Title: SAMHSA Treatment Drug Courts
14. Areas Affected by Project (Cities, Counties, States, etc.): File Name:
* 15. Descriptive Title of Applicant's Project: Webb County Court at Law DWI Court
Attach supporting documents as specified in agency instructions. File Name:

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16. Congressional Districts Of:	
* a. Applicant <input type="text"/>	* b. Program/Project: <input type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: <input type="text" value="09/30/2018"/>	* b. End Date: <input type="text" value="09/29/2023"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="400,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
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)	
<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.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Tano"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Tijerina"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Webb County Judge"/>	
* Telephone Number: <input type="text" value="956-523-4600"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="jflores@webbcountytx.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Completed on submission to Grants.gov"/>	
* Date Signed: <input type="text" value="01/25/2018"/>	