

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): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: August 9, 2022		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"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: Brevard County		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000528		* c. Organizational DUNS: 0983073200000
d. Address:		
* Street1: 2725 Judge Fran Jamieson Way		
Street2: Building C		
* City: Viera		
County/Parish: Brevard		
* State: Florida		
Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 32940-6605		
e. Organizational Unit:		
Department Name: Brevard County Sheriff's Office		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: Joann
Middle Name: <input type="text"/>		
* Last Name: Elmiger		
Suffix: <input type="text"/>		
Title: Grant and Contract Coordinator		
Organizational Affiliation: Brevard County Sheriff's Office		
* Telephone Number: 321-264-5206 ext. 54965		Fax Number: <input type="text"/>
* Email: joann.elmiger@bcso.us		

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:**

* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Countywide Solicitation.

13. Competition Identification Number:

Title:

CATEGORY 2 - APPLICANTS WITH ELIGIBLE ALLOCATION AMOUNTS OF \$25,000 OR MORE.

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

Add Attachment

Delete Attachment

View Attachment

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

Brevard County Sheriff's Office Prisoner Transportation Program.

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 **Brevard*** b. Program/Project **FL15**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: **10/1/2021*** b. End Date: **9/30/2023****18. Estimated Funding (\$):*** a. Federal **144,504.00*** b. Applicant **0.00*** c. State **0.00*** d. Local **0.00*** e. Other **0.00*** f. Program Income **0.00*** g. TOTAL **\$144,504.00***** 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)**

☒ **** 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: **Joann**Middle Name: * Last Name: **Elmiger**Suffix: * Title: **Grant and Contract Coordinator*** Telephone Number: **321-264-5206 ext. 54965**Fax Number: * Email: **joann.elmiger@bcso.us**

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.