

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-2025-172542
Opportunity Title:	BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula
Opportunity Package ID:	PKG00292120
Assistance Listing Number:	16.738
Assistance Listing Title:	Edward Byrne Memorial Justice Assistance Grant Program
Competition ID:	
Competition Title:	
Opening Date:	03/13/2026
Closing Date:	04/21/2026
Agency:	Bureau of Justice Assistance
Contact Information:	OJP Resource Center

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01624922
Application Filing Name:	Brevard County Government Center
UEI:	EXMJSALA2BA3
Organization:	COUNTY OF BREVARD-SHERFF FINANCE DEPARTMENT
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Mar 16, 2026 10:18:02 AM 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): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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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"/>	7. State Application Identifier: <input type="text"/>
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**8. APPLICANT INFORMATION:**

\* a. Legal Name:  Brevard County

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 59-6000528	* c. UEI: <input type="text"/> EXMJ5ALA2BA3
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**d. Address:**

\* Street1:  2725 Jude Fran Jamison Way  
Street2:  Building C  
\* City:  Viera  
County/Parish:   
\* State:  FL: Florida  
Province:   
\* Country:  USA: UNITED STATES  
\* Zip / Postal Code:  32940-6605

**e. Organizational Unit:**

Department Name: <input type="text"/> Brevard Cnty Sheriff's Office	Division Name: <input type="text"/> Finance Department
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:  Ms. \* First Name:  Melissa  
Middle Name:   
\* Last Name:  Meader  
Suffix:

Title:  Grants Coordinator

Organizational Affiliation:  
 Brevard County Sheriff's Office

\* Telephone Number:  321-264-5206 Fax Number:  321-264-5324

\* Email:  melissa.meader@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. Assistance Listing Number:**

16.738

Assistance Listing Title:

Edward Byrne Memorial Justice Assistance Grant Program

**\* 12. Funding Opportunity Number:**

O-BJA-2025-172542

\* Title:

BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula

**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:**

Economic Crimes Unit Investigative Fraud Agent position

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

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="48,444.00"/>
* 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="48,444.00"/>

**\* 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 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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed: