

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ 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:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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:

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

Prefix:

* First Name:

Joann

Middle Name:

* Last Name:

Elmiger

Suffix:

Title: Grant and Contract Coordinator

Organizational Affiliation:

Brevard County Sheriff's Office

* Telephone Number:

321-264-5206 ext. 54965

Fax Number:

* 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:

O-BJA-2022-171368

* Title:

BJA FY 22 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation.

13. Competition Identification Number:

C-BJA-2022-00155-PROD

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:

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 **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: **9/30/2025****18. Estimated Funding (\$):**

* a. Federal	\$47,400.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	\$47,400.00

*** 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: * Date Signed: