

| 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: <input type="text" value="08/04/2017"/> | | 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: <input type="text" value="Mendocino County"/> | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000520"/> | | * c. Organizational DUNS: <input type="text" value="7820635310000"/> | |
| d. Address: | | | |
| * Street1: <input type="text" value="501 Low Gap Rd."/> | | | |
| Street2: <input type="text"/> | | | |
| * City: <input type="text" value="Ukiah"/> | | | |
| County/Parish: <input type="text" value="Mendocino"/> | | | |
| * State: <input type="text" value="CA: California"/> | | | |
| Province: <input type="text"/> | | | |
| * Country: <input type="text" value="USA: UNITED STATES"/> | | | |
| * Zip / Postal Code: <input type="text" value="954823736"/> | | | |
| e. Organizational Unit: | | | |
| Department Name: <input type="text" value="Mendocino County Sheriff Offic"/> | | Division Name: <input type="text" value="Fiscal Division"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | |
| Prefix: <input type="text"/> | | * First Name: <input type="text" value="Kyra"/> | |
| Middle Name: <input type="text"/> | | | |
| * Last Name: <input type="text" value="Studer"/> | | | |
| Suffix: <input type="text"/> | | | |
| Title: <input type="text" value="Fiscal Manager II"/> | | | |
| Organizational Affiliation: <input type="text"/> | | | |
| * Telephone Number: <input type="text" value="7074634409"/> | | Fax Number: <input type="text" value="7074683404"/> | |
| * Email: <input type="text" value="studerk@mendocinocounty.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:

Mendocino County

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

* 12. Funding Opportunity Number:

2017-H2251-CA-DJ

* Title:

BJA FY 17 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

2017-H2251-CA-DJ

Title:

BJA FY 17 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

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

Mendocino County

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Information Technology Equipment Upgrade

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 01-CA

* b. Program/Project 01-CA

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2017

* b. End Date: 09/30/2018

18. Estimated Funding (\$):

| | |
|---------------------|-----------|
| * a. Federal | 22,977.00 |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | 22,977.00 |

* 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: Kyra

Middle Name:

* Last Name: Studer

Suffix:

* Title: Fiscal Manager II

* Telephone Number: 707-463-4409 Fax Number:

* Email: studerk@co.mendocino.ca.us

* Signature of Authorized Representative:



* Date Signed: 8/22/10