

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"/> Completed by Grants.gov upon submission.	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"/> Pinellas County dba Board of County Commissioners		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 596000800	* c. Organizational DUNS: <input type="text"/> 0552002160000	
d. Address:		
* Street1: <input type="text"/> c/o Office of Management and Budget		
Street2: <input type="text"/> 14 S. Ft. Harrison Ave - 5th FL		
* City: <input type="text"/> Clearwater		
County/Parish: <input type="text"/> Pinellas		
* State: <input type="text"/> FL: Florida		
Province: <input type="text"/>		
* Country: <input type="text"/> USA: UNITED STATES		
* Zip / Postal Code: <input type="text"/> 33756-5105		
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Daisy	
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/> Rodriguez		
Suffix: <input type="text"/>		
Title: <input type="text"/> Director		
Organizational Affiliation: <input type="text"/> Pinellas County Human Services		
* Telephone Number: <input type="text"/> 727-464-4206	Fax Number: <input type="text"/>	
* Email: <input type="text"/> darodriguez@pinellascounty.org		

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*** 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:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-SVPP-APPLICATION-2018

* Title:

COPS-SVPP-APPLICATION-2018

13. Competition Identification Number:

Title:

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

Location.pdf

Add Attachment

Delete Attachment

View Attachment

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

The Pinellas School Violence Prevention Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="488,365.20"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="162,788.40"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="651,153.60"/>

*** 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

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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Areas Affected by Project

Pinellas County, Florida

Congressional Districts of Pinellas County, Florida

FL-012

FL-013

FL-014

COPS Application Attachment to SF-424

Section 1: COPS PROGRAM REQUEST

Federal assistance is being requested under the following COPS program:

Select the COPS grant program for which you are requesting federal assistance. **A separate application must be completed for each COPS program for which you are applying.** Please ensure that you read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

ONLY ONE PROGRAM OPTION MAY BE CHECKED

- | | |
|---|--|
| <input type="checkbox"/> COPS Hiring Program | <input type="checkbox"/> Anti-Heroin Task Force |
| <input type="checkbox"/> Community Policing Development | <input type="checkbox"/> COPS Anti-Methamphetamine Program |
| <input checked="" type="checkbox"/> COPS School Violence Prevention Program | |

Applicant ORI Number:

FL05200

Re-enter Applicant ORI Number:

FL05200

The ORI number is assigned by the FBI and is your agency's unique identifier. The COPS Office uses the first seven characters of this number. The first two letters are your state abbreviation, the next three numbers are your county's code, and the next two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant. ORI numbers assigned to agencies by the COPS Office may end in "ZZ."