

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-2024-172030
Opportunity Title:	BJA FY24 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry
Opportunity Package ID:	PKG00285286
CFDA Number:	16.812
CFDA Description:	Second Chance Act Reentry Initiative
Competition ID:	C-BJA-2024-00022-PROD
Competition Title:	Category 1: Units of state, local, and tribal governments
Opening Date:	03/11/2024
Closing Date:	05/06/2024
Agency:	Bureau of Justice Assistance
Contact Information:	OJP Response Center

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01294037
Application Filing Name:	Digital, Reconnection, Engagement, Advocacy, and Management System (DREAMS)
UEI:	GX4FM9VQD7W3
Organization:	PINAL COUNTY ARIZONA
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Apr 08, 2024 11:04:08 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"/> AZ
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**8. APPLICANT INFORMATION:**

\* a. Legal Name:  Pinal, County Of

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 86-6000556	* c. UEI: <input type="text"/> GX4FM9VQD7W3
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**d. Address:**

* Street1:	<input type="text"/> 31 North Pinal Street
Street2:	<input type="text"/> P.O. Box 1348
* City:	<input type="text"/> Florence
County/Parish:	<input type="text"/> AZ
* State:	<input type="text"/> AZ: Arizona
Province:	<input type="text"/>
* Country:	<input type="text"/> USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/> 851323027

**e. Organizational Unit:**

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

Prefix: <input type="text"/> Mrs.	* First Name: <input type="text"/> Heather
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/> Patel	
Suffix: <input type="text"/>	

Title:  Grants Manager

Organizational Affiliation:  
 Pinal County

* Telephone Number: <input type="text"/> 520-866-6422	Fax Number: <input type="text"/>
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\* Email:  heather.patel@pinal.gov

**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:**

16.812

CFDA Title:

Second Chance Act Reentry Initiative

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

O-BJA-2024-172030

\* Title:

BJA FY24 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry

**13. Competition Identification Number:**

C-BJA-2024-00022-PROD

Title:

Category 1: Units of state, local, and tribal governments

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

Add Attachment

Delete Attachment

View Attachment

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

Digital, Reconnection, Engagement, Advocacy, and Management System (DREAMS)

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="833,000.00"/>
* 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="833,000.00"/>

**\* 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: