

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-2024-171997
Opportunity Title:	BJA FY24 Improving Adult and Youth Crisis Stabilization and Community Reentry Program
Opportunity Package ID:	PKG00285060
CFDA Number:	16.812
CFDA Description:	Second Chance Act Reentry Initiative
Competition ID:	C-BJA-2024-00014-PROD
Competition Title:	Category 1: State and local governments
Opening Date:	02/26/2024
Closing Date:	04/25/2024
Agency:	Bureau of Justice Assistance
Contact Information:	National Criminal Justice Reference Service Response Center

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01294002
Application Filing Name:	Pinal County Family Assistance and Support Team (FAST)
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 10:53:43 AM EDT
Form State:	No Errors

FORM ACTIONS:

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:

AZ

8. APPLICANT INFORMATION:

* a. Legal Name:

Pinal, County Of

* b. Employer/Taxpayer Identification Number (EIN/TIN):

86-6000556

* c. UEI:

GX4FM9VQD7W3

d. Address:

* Street1:

31 North Pinal Street

Street2:

P.O. Box 1348

* City:

Florence

County/Parish:

AZ

* State:

AZ: Arizona

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

851323027

e. Organizational Unit:

Department Name:

Pinal County Sheriff's Office

Division Name:

Reentry Program

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

Prefix:

Mrs.

* First Name:

Heather

Middle Name:

* Last Name:

Patel

Suffix:

Title:

Grants Manager

Organizational Affiliation:

Pinal County

* Telephone Number:

520-866-6422

Fax Number:

* 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-2024-171997

* Title:

BJA FY24 Improving Adult and Youth Crisis Stabilization and Community Reentry Program

13. Competition Identification Number:

C-BJA-2024-00014-PROD

Title:

Category 1: State and local governments

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

Add Attachment

Delete Attachment

View Attachment

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

Family Assistance and Support Team (FAST)

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="825,000.00"/>
* 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="825,000.00"/>

*** 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

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: