

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:	Disclosure of Lobbying Activities (SF-LLL)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Apr 08, 2024 10:53:51 AM EDT
Form State:	No Errors

FORM ACTIONS:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: Pinal, County Of

* Street 1: 31 North Pinal Street * Street 2: P.O. Box 1348

* City: Florence * State: AZ: Arizona * Zip: 851323027

Congressional District, if known: AZ002

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: US Department of Justice OJP BJA	7. * Federal Program Name/Description: Second Chance Act Reentry Initiative
	CFDA Number, if applicable: 16.812

8. Federal Action Number, if known:	9. Award Amount, if known: \$ 825,000.00
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10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Capital Middle Name: * Last Name: Strategies Suffix: * Street 1: 1702 East Highland Avenue, Suite 204 * Street 2: * City: Phoenix * State: AZ: Arizona * Zip: 85016

b. Individual Performing Services (including address if different from No. 10a)

Prefix: Mr. * First Name: Steve Middle Name: * Last Name: Bloch Suffix: * Street 1: 1702 East Highland Avenue, Suite 204 * Street 2: * City: Phoenix * State: AZ: Arizona * Zip: 85016

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: Completed on submission to Grants.gov

* Name: Prefix: Mr. * First Name: Mike Middle Name: * Last Name: Goodman Suffix: Title: Chairman of the Board of Supervisors Telephone No.: 520-866-6068 Date: Completed on submission to Grants.gov