

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:**

E 1/19/2024

4. Applicant Identifier:

Jungles w NAL

5a. Federal Entity Identifier:**5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:** City Of Laredo- Laredo Police Department*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

74-6001573

*** c. UEI:**

LDMTCMMA9Q44

d. Address:*** Street1:** 1110 Houston Street**Street2:***** City:** Laredo**County/Parish:** Webb*** State:** TX: Texas**Province:***** Country:** USA: UNITED STATES*** Zip / Postal Code:** 78041-8019**e. Organizational Unit:****Department Name:**

Laredo Police Department

Division Name:

HIDTA Task Force

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:** Mrs.*** First Name:** Arcelia**Middle Name:***** Last Name:** L. Elizondo**Suffix:****Title:** HIDTA Financial Analyst**Organizational Affiliation:***** Telephone Number:** 956-753-4834**Fax Number:** 956-729-0529*** Email:** aelizondo2@ci.laredo.tx.us

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

ONDCP

11. Catalog of Federal Domestic Assistance Number:

15.001

CFDA Title:

High Intensity Drug Trafficking Area

*** 12. Funding Opportunity Number:**

HIDTA

* Title:

Laredo Police Department -HSI HIDTA Task Force

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

High Intensity Drug Trafficking Area

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 28th

* b. Program/Project TX-479

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

17. Proposed Project:

* a. Start Date: 01/01/2025

* b. End Date: 12/31/2026

18. Estimated Funding (\$):

* a. Federal	872,271.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	872,271.00

*** 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 [REDACTED]
- ☐ 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

[REDACTED] [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: Mr. * First Name: Joseph

Middle Name: [REDACTED]

* Last Name: Neeb

Suffix: [REDACTED]

* Title: City Manager

* Telephone Number: 956-791-7302 Fax Number: 956-791-7498

* Email: jneeb@ci.laredo.tx.us

* Signature of Authorized Representative:

JAN [Signature]

* Date Signed: 8/19/2024