

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:

06/12/2021

4. Applicant Identifier:

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:

Alameda County Sheriff's Office

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

94-6000501

* c. Organizational DUNS:

0641650530000

d. Address:

* Street1:

1221 Oak Street, 5th Floor,

Street2:

* City:

Oakland,

County/Parish:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612-4224

e. Organizational Unit:

Department Name:

Sheriff's Office

Division Name:

Eden Township

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

Prefix:

Mr.

* First Name:

Harry

Middle Name:

R.

* Last Name:

Bruno

Suffix:

Title:

Attorney/Management Consultant

Organizational Affiliation:

Alameda County Sheriff's Office

* Telephone Number:

510-208-9910

Fax Number:

510-208-9868

* Email:

HBruno@acgov.org

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

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:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2021-35004

* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

C-BJA-2021-00150-PROD

Title:

Category 2 - Applicants with eligible allocation amounts of \$25,000 or more

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

1234-FY2021ByrneJAGLocal_FormSF-424ListAffe

Add Attachment

Delete Attachment

View Attachment

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

California's Alameda County and Nine Alameda County Cities Equitably Distribute the FY2021 Byrne Justice Assistance Grant (JAG) Local Funding Award

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="685,351.00"/>
* 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="685,351.00"/>

*** 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 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:

BJA FY2021 Byrne Justice Assistance Grant (JAG) Local Program-Standard Form SF-424

County of Alameda/Alameda County (CA) Sheriff's Office and the Nine Alameda County Cities of Alameda, Berkeley, Emeryville, Fremont, Hayward, Livermore, Oakland, San Leandro, and Union City

CFDA Number: 16.738

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

The unincorporated areas of Alameda County including Ashland, Castro Valley, Cherryland, San Lorenzo, and Sunol; all fourteen (14) incorporated Alameda County cities of Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City; and the State of California.

**BJA FY2021 DNA Byrne Justice Assistance Grant (JAG) Local Program-Application
Form SF-424 --- Descriptive Title of Applicant's Project**

**County of Alameda, California/Alameda County (CA) Sheriff's Office and the Nine
Alameda County Cities of Alameda, Berkeley, Emeryville, Fremont, Hayward, Livermore,
Oakland, San Leandro, and Union City**

CFDA Number: 16.738

15. Descriptive Title of Applicant's Project:

California's Alameda County and Nine Alameda County Cities Equitably Distribute the FY2021
Byrne Justice Assistance Grant (JAG) Local Funding Award graciously awarded by the United
States Department of Justice (USDOJ), Bureau of Justice Assistance (BJA), Office of Justice
Programs (OJP).