

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): _____ * Other (Specify): _____
* 3. Date Received: 05/31/2018	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: County of Nevada		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000526	* c. Organizational DUNS: 0109790290000	
d. Address:		
* Street1: 950 Maidu Avenue	Street2: _____	
* City: Nevada City	County/Parish: Nevada County	
* State: _____	CA: California	
Province: _____	* Country: _____	
* Zip / Postal Code: 95959-8600	USA: UNITED STATES	
e. Organizational Unit:		
Department Name: Sheriff's Department	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Mike	
Middle Name: _____	* Last Name: Walsh	
Suffix: _____	Title: Sheriff's Lieutenant	
Organizational Affiliation: _____		
* Telephone Number: (530) 265-1601	Fax Number: _____	
* Email: Mike.Walsh@co.nevada.ca.us		

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:

16.835

CFDA Title:

Body Worn Camera Policy and Implementation

*** 12. Funding Opportunity Number:**

BJA-2018-13574

* Title:

BJA FY 18 Body-Worn Camera Policy and Implementation Program

13. Competition Identification Number:

BJA-2018-13884

Title:

Category 2: Implementation Or Expansion of BWC Programs for Small and Mid-sized Agencies

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

Add Attachment

Delete Attachment

View Attachment

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

Body-Worn Camera Policy and Implementation Program

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: <input type="text" value="CA-001"/>	* b. Program/Project: <input type="text" value="CA-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="1243-Congressional Districts Nevada County"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2018"/>	* b. End Date: <input type="text" value="10/01/2021"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="135,300.00"/>
* b. Applicant	<input type="text" value="463,079.00"/>
* 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="598,379.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/31/2018"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 218, Section 1001)	
<input checked="" type="checkbox"/> ** 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: <input type="text"/>	* First Name: <input type="text" value="Jenn"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Tamo"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Administrative Analyst I"/>	
* Telephone Number: <input type="text" value="530-470-2779"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="Jenn.Tamo@co.nevada.ca.us"/>	
* Signature of Authorized Representative: <input type="text" value="Jenn Tamo"/>	* Date Signed: <input type="text" value="05/31/2018"/>