

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:

08/03/2022

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:

Norman, City of

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

7306005350

* c. UEI:

X766N3PND5A9

d. Address:

* Street1:

201 W. Gray St., Ste. B

Street2:

* City:

Norman

County/Parish:

Cleveland

* State:

OK: Oklahoma

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

73069-7108

e. Organizational Unit:

Department Name:

Police Derpartment

Division Name:

Administration

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

Prefix:

Mr.

* First Name:

John

Middle Name:

* Last Name:

Stege

Suffix:

Title:

Standards Administrator

Organizational Affiliation:

Police Department

* Telephone Number:

4053665218

Fax Number:

4052171066

* Email:

john.stege@normanok.gov

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:

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-2022-171368

* Title:

BJA FY 22 Edward Byrne Memorial Justice Assistance Grant Program - Local Solicitation

13. Competition Identification Number:

C-BJA-2022-00155-PROD

Title:

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

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

There are three associated projects: 1) Implement patrol staffing analysis service, 2) Purchase field fingerprint scanners, and 3) Pass through to disparate jurisdiction (Sheriff's Office)

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="31,978.00"/>
* 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="31,978.00"/>

*** 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

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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

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 checked="" type="checkbox"/> a. bid/offer/application <input 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
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="Norman, City of"/> * Street 1 <input type="text" value="201 W. Gray St., Ste. B"/> Street 2 <input type="text"/> * City <input type="text" value="Norman"/> State <input type="text" value="OK: Oklahoma"/> Zip <input type="text" value="73069-7108"/> Congressional District, if known: <input type="text" value="OK-04"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="Bureau of Justice Assistance"/>		7. * Federal Program Name/Description: <input type="text" value="Edward Byrne Memorial Justice Assistance Grant Program"/> CFDA Number, if applicable: <input type="text" value="16.738"/>
8. Federal Action Number, if known: <input type="text"/>		9. Award Amount, if known: \$ <input type="text" value="31,978.00"/>
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="None"/> Middle Name <input type="text"/> * Last Name <input type="text" value="None"/> Suffix <input type="text"/> * Street 1 <input type="text" value="None"/> Street 2 <input type="text"/> * City <input type="text" value="None"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="None"/> Middle Name <input type="text"/> * Last Name <input type="text" value="None"/> Suffix <input type="text"/> * Street 1 <input type="text" value="None"/> Street 2 <input type="text"/> * City <input type="text" value="None"/> State <input type="text"/> Zip <input type="text"/>		
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: <input type="text" value="John Stege"/> * Name: Prefix <input type="text" value="Mr."/> * First Name <input type="text" value="John"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Stege"/> Suffix <input type="text"/> Title: <input type="text" value="Standards Administrator"/> Telephone No.: <input type="text" value="4053665218"/> Date: <input type="text" value="08/03/2022"/>		
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