

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): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: City of Pleasant Hill			
5a. Federal Entity Identifier: <input type="text"/>			5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Pleasant Hill					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 44-6000248			* c. UEI: QRKVPLDN8J96		
d. Address:					
* Street1:		203 Paul Street			
Street2:		<input type="text"/>			
* City:		Pleasant Hill			
County/Parish:		Cass			
* State:		MO: Missouri			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		64080-1625			
e. Organizational Unit:					
Department Name: Pleasant Hill Police			Division Name: Police		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name:		<input type="text"/>	
Middle Name:		<input type="text"/>			
* Last Name:		Wright			
Suffix:		<input type="text"/>			
Title: Chief of Police					
Organizational Affiliation: Chief of Police					
* Telephone Number:		Fax Number:		<input type="text"/>	
* Email:		twright@pleasanthill.com			

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:

Community Oriented Policing Services

11. Assistance Listing Number:

16.068

Assistance Listing Title:

COPS Hiring Program

* 12. Funding Opportunity Number:

O-COPS-2025-172413

* Title:

FY25 COPS Hiring Program

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:

Community Policing 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="4"/>	* b. Program/Project	<input type="text" value="4"/>
Attach an additional list of Program/Project Congressional Districts if needed.			
<input type="text"/>		<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="01/01/2026"/>	* b. End Date:	<input type="text" value="12/31/2029"/>
18. Estimated Funding (\$):			
* a. Federal	<input type="text" value="120,000.00"/>		
* b. Applicant	<input type="text" value="40,000.00"/>		
* 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="160,000.00"/>		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		<input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input checked="" 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 18, 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" value="Mr."/>	* First Name:	<input type="text" value="Tommy"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Wright"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Chief of Police"/>		
* Telephone Number:	<input type="text" value="816-540-9109"/>	Fax Number:	<input type="text" value="816-987-9113"/>
* Email:	<input type="text" value="twright@pleasanthill.com"/>		
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:	<input type="text" value="Completed by Grants.gov upon submission."/>