

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: <input type="text" value="Completed by Grants.gov upon submission."/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text" value="75-601056"/>			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: <input type="text" value="Lubbock County"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="75-601056"/>			* c. UEI: <input type="text" value="EMEVAQELZ7D7"/>		
d. Address:					
* Street1:		<input type="text" value="P.O. Box 10536"/>			
Street2:		<input type="text"/>			
* City:		<input type="text" value="Lubbock"/>			
County/Parish:		<input type="text" value="Lubbock"/>			
* State:		<input type="text" value="TX: Texas"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:		<input type="text" value="79408-3536"/>			
e. Organizational Unit:					
Department Name: <input type="text" value="Office of Dispute Resolution"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name:		<input type="text" value="Mr."/> <input type="text" value="Gene"/>	
Middle Name:		<input type="text"/>			
* Last Name:		<input type="text" value="Valentini"/>			
Suffix:		<input type="text"/>			
Title: <input type="text" value="Director"/>					
Organizational Affiliation: <input type="text" value="Appointed Department Director"/>					
* Telephone Number:		Fax Number:		<input type="text" value="806-775-1720"/> <input type="text" value="806-775-7929"/>	
* Email: <input type="text" value="odr@lubbockcounty.gov"/>					

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* 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:

Office on Violence Against Women

11. Assistance Listing Number:

16.016

Assistance Listing Title:

Culturally and Linguistically Specific Services Program

* 12. Funding Opportunity Number:

O-OVW-2025-172373

* Title:

OVW Fiscal Year 2025 Grants to Enhance Community-based Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking 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:

Supervised Visitation and Neutral Exchange

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:			
* a. Applicant	<input type="text" value="19"/>	* b. Program/Project	<input type="text" value="19"/>
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"/>
17. Proposed Project:			
* a. Start Date:	<input type="text" value="10/01/2025"/>	* b. End Date:	<input type="text" value="09/30/2026"/>
18. Estimated Funding (\$):			
* a. Federal	<input type="text" value="44,160.00"/>		
* 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="44,160.00"/>		
* 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"/>
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="Honorable"/>	* First Name:	<input type="text" value="Curtis"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Parrish"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="County Judge"/>		
* Telephone Number:	<input type="text" value="8067751679"/>	Fax Number:	<input type="text" value="806-7757950"/>
* Email:	<input type="text" value="cparrish@lubbockcounty.gov"/>		
* 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."/>