

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	O-OVC-2025-172427
Opportunity Title:	OVC FY 25 Services for Victims of Crime
Opportunity Package ID:	PKG00291244
Assistance Listing Number:	16.582
Assistance Listing Title:	Crime Victim Assistance/Discretionary Grants
Competition ID:	C-OVC-2025-00002-PROD
Competition Title:	Category 1: Services to Child and Youth Victims
Opening Date:	07/21/2025
Closing Date:	08/15/2025
Agency:	Office for Victims of Crime
Contact Information:	Office for Victims of Crime

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01559780
Application Filing Name:	Lubbock County
UEI:	EMEVAQELZ7D7
Organization:	COUNTY OF LUBBOCK
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Aug 01, 2025 10:04:51 AM EDT
Form State:	No Errors

**FORM ACTIONS:**

## 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:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

Texas

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Lubbock County

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

75-601056

**\* c. UEI:**

EMEVAQELZ7D7

**d. Address:**

**\* Street1:**

P.O. Box 10536

**Street2:**

**\* City:**

Lubbock

**County/Parish:**

Texas

**\* State:**

TX: Texas

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

79408-3536

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Gene

**Middle Name:**

**\* Last Name:**

Valentini

**Suffix:**

**Title:**

Director

**Organizational Affiliation:**

Appointed Department Director

**\* Telephone Number:**

806-775-1720

**Fax Number:**

806-775-7929

**\* Email:**

odr@lubbockcounty.gov

## 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:

Office for Victims of Crime

### 11. Assistance Listing Number:

16.582

Assistance Listing Title:

Crime Victim Assistance/Discretionary Grants

### \* 12. Funding Opportunity Number:

O-OVC-2025-172427

\* Title:

OVC FY 25 Services for Victims of Crime

### 13. Competition Identification Number:

C-OVC-2025-00002-PROD

Title:

Category 1: Services to Child and Youth Victims

### 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

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

19

\* b. Program/Project

19

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2025

\* b. End Date:

09/30/2026

**18. Estimated Funding (\$):**

* a. Federal	150,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	150,000.00

**\* 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:

Mr.

\* First Name:

Curtis

Middle Name:

\* Last Name:

Parrish

Suffix:

\* Title:

County Judge

\* Telephone Number:

806-775-1679

Fax Number:

\* Email:

cparrish@lubbockcounty.gov

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.