



BJA FY 14 Edward Byrne Memorial Justice Assistance Grant (JAG) Program: Local 2014-H2880-FL-DJ



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Application Handbook

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This handbook allows you to complete the application process for applying to the BJA FY 14 Edward Byrne Memorial Justice Assistance Grant (JAG) Program: Local. At the end of the application process you will have the opportunity to view and print the SF-424 form.

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*Type of Submission	<input type="radio"/> Application Construction <input checked="" type="radio"/> Application Non-Construction <input type="radio"/> Preapplication Construction <input checked="" type="radio"/> Preapplication Non-Construction
*Type of Application	New ▾ If Revision,select appropriate option Type of Revision ▾ If Other, specify
*Is application subject to review by state executive order 12372 process?	<input checked="" type="radio"/> Yes This preapplication/application was made available to the state executive order 12372 process for review on April ▾ 24 ▾ 2014 ▾ <input type="radio"/> No Program is not covered by E.O. 12372 <input type="radio"/> N/A Program has not been selected by state for review

Save and Continue



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Verify that the following information filled is correct and fill out any missing information. To save changes, click on the "Save and Continue" button.

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*Is the applicant delinquent on any federal debt	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Employer Identification Number (EIN)	59 - 6000362
*Type of Applicant	Municipal ▾
Type of Applicant (Other):	
*Organizational Unit	Leesburg Police Depart
*Legal Name (Legal Jurisdiction Name)	City of Leesburg
*Vendor Address 1	PO Box 490630
Vendor Address 2	
*Vendor City	Leesburg
Vendor County/Parish	Lake
*Vendor State	Florida ▾
*Vendor ZIP	34749 - 0630 Zip+4 Lookup
Please provide Point of Contact Information for matters involving this application	
*Contact Prefix:	Mr. ▾
Contact Prefix (Other):	
*Contact First Name:	Max
Contact Middle Initial:	
*Contact Last Name:	Parker
Contact Suffix:	Jr. ▾
Contact Suffix (Other) :	
*Contact Title:	Captain
*Contact Address Line 1:	PO Box 490630

Contact Address Line 2:	
*Contact City	Leesburg
Contact County:	Lake
*Contact State:	Florida ▼
*Contact Zip Code:	34749 - 0630 Zip+4 Lookup
*Contact Phone Number:	352 787 2121 Ext: 3883
Contact Fax Number:	352 365 1026
*Contact E-mail Address:	max.parker@leesburgflorida.gov Email Help

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*Descriptive Title of Applicant's Project	
Technical Equipment2	
*Areas Affected by Project	
Uniform Patrol Division	
Proposed Project	
*Start Date	October ▾ 01 ▾ 2013 ▾
*End Date	September ▾ 30 ▾ 2015 ▾
*Congressional Districts of	
Project	Congressional District 01, FL Congressional District 02, FL Congressional District 03, FL Congressional District 04, FL Congressional District 05, FL
*Estimated Funding	
Federal	\$ 13590 .00
Applicant	\$ 0 .00
State	\$ 0 .00
Local	\$ 0 .00
Other	\$ 0 .00
Program Income	\$ 0 .00
TOTAL	\$ 13590 .00

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Budget and Program Attachments

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This form allows you to upload the Budget Detail Worksheet, Program Narrative and other Program attachments. Click the Attach button to continue.

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1 JAG2014 Budget Worksheet Narrative 051514.doc	<input type="button" value="Delete"/>
1 Abstract 2014-H2880-FL-DJ 051614.doc	<input type="button" value="Delete"/>
1 Disclosure 2014-H2880-FL-DJ 051614.doc	<input type="button" value="Delete"/>
2014-H2880-FL-DJ Review.docx	<input type="button" value="Delete"/>
Click on the Attach Button to upload an attachment	<input type="button" value="Attach"/>

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Your files have been successfully attached, but the application has not been submitted to OJP. Please continue with your application.

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Assurances and Certifications

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To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

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Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the following:

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1. [Assurances](#)
2. [Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.](#)

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If you are an applicant for any Violence Against Women grants, this includes the Certification of Compliance with the Statutory Eligibility Requirements of the Violence Against Women Act.

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*Prefix:	Mr. ▾
Prefix (Other):	
*First Name:	AI
Middle Initial:	
*Last Name:	Minner
Suffix	Suffix: ▾
Suffix (Other):	
*Title:	City Manager
*Address Line 1:	PO Box 490630
Address Line 2:	
*City:	Leesburg
County:	Lake
*State:	Florida ▾
*Zip Code:	34749 - 0630 Zip+4 Lookup

*Phone:	352 - 728 - 9704	Ext :
Fax:	352 - 728 - 9734	
*E-mail:	al.minner@leesburgflori	Email Help
<p><input checked="" type="checkbox"/> I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested throughout this application system on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.</p>		

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APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Identifier	
	May 21, 2014		
	1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier
	Application Non-Construction		
	Preapplication Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	5. APPLICANT INFORMATION		
	Legal Name	Organizational Unit	
	City of Leesburg	Leesburg Police Department	
	Address	Name and telephone number of the person to be contacted on matters involving this application	
PO Box 490630 Leesburg, Florida 34749-0630	Parker, Max (352) 787-2121		
6. EMPLOYER IDENTIFICATION NUMBER (EIN)	7. TYPE OF APPLICANT		
59-6000362	Municipal		
8. TYPE OF APPLICATION	9. NAME OF FEDERAL AGENCY		
New	Bureau of Justice Assistance		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 16.738 CFDA EDWARD BYRNE MEMORIAL JUSTICE TITLE: ASSISTANCE GRANT PROGRAM	Technical Equipment2		
12. AREAS AFFECTED BY PROJECT			
Uniform Patrol Division			
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date: October 01, 2013 End Date: September 30, 2015	a. Applicant b. Project FL10		
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$13,590		
Applicant	\$0		
State	\$0		
		This preapplication/application	

Local	\$0	was made available to the state executive order 12372 process for review on 04/24/2014
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? N
TOTAL	\$13,590	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

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- Application submitted on 05/21/2014
- Application is currently in progress

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