

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:

JAG 2025

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:

San Bernardino County

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

95-6002748

* c. UEI:

HNGGKJU8LKZ6

d. Address:

* Street1:

385 N. Arrowhead Avenue

Street2:

Fourth Floor, Mail Station 0123

* City:

San Bernardino

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92415-0120

e. Organizational Unit:

Department Name:

Finance And Administration

Division Name:

Law and Justice Group

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

Prefix:

* First Name:

Terri

Middle Name:

* Last Name:

Sumrall

Suffix:

Title:

Law and Justice Group Administrative Analyst

Organizational Affiliation:

* Telephone Number:

909-387-0294

Fax Number:

* Email:

terri.sumrall@cao.sbcounty.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:**

U.S. Department of Justice Office of Justice Programs Bureau of Justice Assistance

11. Assistance Listing Number:

16.738

Assistance Listing Title:

BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Local Formula

*** 12. Funding Opportunity Number:**

O-BJA-2025-172542

* Title:

BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Local Formula

13. Competition Identification Number:

Title:

Category 2: Applicants with allocation amounts \$25,000 or more

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

San Bernardino County Disparate Jurisdictions

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Multi-jurisdictional law enforcement enhancement project supporting cities and the county through targeted patrol overtime for high-crime areas, retail theft, and gang suppression; acquisition of officer safety equipment and essential field gear; deployment of surveillance, forensic, and drug detection technologies; investment in real-time situational awareness and information systems; and provision of specialized training, mobility assets, and modernized operational tools to improve public safety outcomes.

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 **CA-33**

* b. Program/Project **CA-33**

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

JAG 2025 - 16. Congressional Districts

17. Proposed Project:

* a. Start Date: **10/1/2025**

* b. End Date: **09/30/2028**

18. Estimated Funding (\$):

* a. Federal	\$823,030
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	\$823,030

*** 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

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: **Luther**
Middle Name:
* Last Name: **Snoke**
Suffix:

* Title: **County Chief Executive Officer**

* Telephone Number: **909-387-5425** Fax Number: **909-387-5430**

* Email: **luther.snoke@cao.sbcounty.gov**

* Signature of Authorized Representative: * Date Signed:

14. AREAS AFFECTED BY PROJECT:

San Bernardino County, the Towns of Apple Valley and Yucca Valley, and the Cities of Adelanto, Barstow, Chino, Colton, Fontana, Hesperia, Highland, Montclair, Ontario, Rancho Cucamonga, Redlands, Rialto, San Bernardino, Upland, Victorville, and Yucaipa.

16.

CONGRESSIONAL DISTRICTS:

a. Applicant: CA-23, CA-25, CA-28, CA-33, and CA-35

b. Program/Project: CA-23, CA-25, CA-28, CA-33, and CA-35