OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for	Federal Assista	ınce SF	-424			
* 1. Type of Submiss Preapplication Application Changed/Corre		⊠ Ne	e of Application: ew ontinuation evision		If Revision, select appropriate letter(s): Other (Specify):	
* 3. Date Received: 08/15/2022		4. Appli	cant Identifier:			_
5a. Federal Entity Ide	entifier:				5b. Federal Award Identifier:	
State Use Only:				<u> </u>		
6. Date Received by	State:		7. State Application	Ide	dentifier:	_
8. APPLICANT INFO	ORMATION:					_
* a. Legal Name: C	ity of Nationa	ıl city				-
* b. Employer/Taxpay					* c. UEI: KJA9JQQC2M75	_
d. Address:						_
* Street1: Street2: * City: County/Parish:	1243 National National City		Blvd			
* State: Province: * Country:	CA: Californi USA: UNITED S					
* Zip / Postal Code:	91950-4301					
e. Organizational U	Jnit:					_
Department Name: National City	Police Dept.				Division Name:	
f. Name and contac	ct information of p	erson to	be contacted on m	att	tters involving this application:	
Prefix: Mr . Middle Name: Gil * Last Name: Gil			* First Nam	e:	Salvador]
Title: Police Cor	rporal					
Organizational Affilia		ient				
* Telephone Number: 6196006535 Fax Number:						
* Email: sgil@nat	ionalcityca.g	ov				

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:
Bureau of Justice Assistance
11. Catalog of Federal Domestic Assistance Number:
16.738
CFDA Title:
Edward Byrne Memorial Justice Assistance Grant Program
* 12. Funding Opportunity Number:
O-BJA-2022-171368
* Title:
BJA FY 22 Edward Byrne Memorial Justice Assistance Grant Program - Local Solicitation
13. Competition Identification Number:
C-BJA-2022-00155-PROD
Title:
Category 2 - Applicants with eligible allocation amounts of \$25,000 or more
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Technology/Safety Improvements
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424									
16. Congression	al Districts Of:								
* a. Applicant	ca-051			* b. Program/Project	ca-051				
Attach an additiona	al list of Program/Project Co	ngressional Distric	ts if needed.						
			Add Attachment	Delete Attachment	View Attachment				
17. Proposed Pro	oject:								
* a. Start Date: 08/15/2022 * b. End Date: 12/31/2023									
18. Estimated Fu	nding (\$):								
* a. Federal		26,098.00							
* b. Applicant		0.00							
* c. State		0.00							
* d. Local		0.00							
* e. Other		0.00							
* f. Program Incor	ne	0.00							
* g. TOTAL		26,098.00							
* 19. Is Application	on Subject to Review By	State Under Exec	cutive Order 12372 Pr	ocess?					
	ation was made available				iew on				
	subject to E.O. 12372 bu		elected by the State for	r review.					
c. Program is	not covered by E.O. 123	72.							
* 20. Is the Appli	cant Delinquent On Any I	* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)							
☐ Yes ☐ No									
	No explanation and attach		Add Attachment	Delete Attachment	View Attachment				
If "Yes", provide	explanation and attach		Add Attachment	Delete Attachment	View Attachment				
If "Yes", provide 21. *By signing therein are true,	explanation and attach his application, I certify complete and accurate	to the best of m	ents contained in the ny knowledge. I also	e list of certifications** provide the required	and (2) that the statements assurances** and agree to				
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