

## 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:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Irvine Unified School District

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

95-2798223

\* c. Organizational DUNS:

066151853

**d. Address:**

\* Street1:

5050 Barranca Parkway

Street2:

\* City:

Irvine

County/Parish:

Orange

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92604

**e. Organizational Unit:**

Department Name:

Risk Management & Insurance

Division Name:

Business Support Services

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

Prefix:

Dr.

\* First Name:

Stephen

Middle Name:

Bucheli

\* Last Name:

Bayne

Suffix:

Title:

Director, Risk Management & Insurance

Organizational Affiliation:

\* Telephone Number:

(949) 936-5021

Fax Number:

(949) 936-5019

\* Email:

StephenBayne@iusd.org

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

New Application

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Department of Justice - Community Oriented Policing Services (COPS)

### 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS - SVPP - Application - 2019

### \* 12. Funding Opportunity Number:

COPS - SVPP - Application - 2019

\* Title:

COPS Office STOP School Violence: School Violence Prevention 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:

Expansion of security cameras and access control technology to enhance the safety for all students that attend classes on primary and secondary campuses in the Irvine Unified School District.

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

45th

\* b. Program/Project

45th

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2019

\* b. End Date:

12/31/2020

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

\* a. Federal

\$500,000

\* b. Applicant

\$125,000

\* c. State

\$0

\* d. Local

\$0

\* e. Other

\$0

\* f. Program Income

\$0

\* g. TOTAL

\$625,000

**\* 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

April 15, 2019

☐ 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 218, 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:

Dr.

\* First Name:

Stephen

Middle Name:

Bucheli

\* Last Name:

Bayne

Suffix:

\* Title:

Director, Risk Management &amp; Insurance

\* Telephone Number:

(949) 936-5021

Fax Number:

(949) 936-5019

\* Email:

StephenBayne@iusd.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.