

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="03/30/2026"/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="State of Maryland - Governor's Office of Crime Prevention"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="52-6002033"/>			* c. UEI: <input type="text" value="XN2FHLMCRFC5"/>		
d. Address:					
* Street1:		<input type="text" value="100 Community Place"/>			
Street2:		<input type="text"/>			
* City:		<input type="text" value="Crownsville"/>			
County/Parish:		<input type="text"/>			
* State:		<input type="text" value="MD: Maryland"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:		<input type="text" value="21032-2066"/>			
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name: <input type="text" value="Jennifer"/>			
Middle Name:		<input type="text"/>			
* Last Name:		<input type="text" value="Krabill"/>			
Suffix:		<input type="text"/>			
Title: <input type="text" value="Grants Funding Chief"/>					
Organizational Affiliation: <input type="text" value="Governor's Office of Crime Prevention and Policy"/>					
* Telephone Number: <input type="text" value="4106979241"/>			Fax Number: <input type="text"/>		
* Email: <input type="text" value="jennifer.krabill@maryland.gov"/>					

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Office of Juvenile Justice Delinquency Prevention

11. Assistance Listing Number:

16.540

Assistance Listing Title:

Juvenile Justice and Delinquency Prevention

* 12. Funding Opportunity Number:

O-OJJDP-2025-172546

* Title:

OJJDP FY25 Title II Formula Grants 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:

State of Maryland FFY 2025 Title II Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="MD-004"/>	* b. Program/Project: <input type="text" value="MD-a11"/>
Attach an additional list of Program/Project Congressional Districts if needed. <div style="display: flex; align-items: center;"> <input style="width: 300px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2025"/>	* b. End Date: <input type="text" value="09/30/2029"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="726,537.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="72,654.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="799,191.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 100px;" type="text"/> . <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <div style="display: flex; align-items: center;"> <input style="width: 300px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
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) <input checked="" type="checkbox"/> ** I AGREE <small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Dorothy"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Lennig"/>	
Suffix: <input type="text" value="JD"/>	
* Title: <input type="text" value="Executive Director"/>	
* Telephone Number: <input type="text" value="4106979338"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="dorothy.lennig@maryland.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Jennifer Krabill"/>	* Date Signed: <input type="text" value="03/30/2026"/>