

## 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:

05/19/2025

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:

Russellville Independent Schools

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

61-6001174

\* c. UEI:

FEJ4MLTP3HE5

### d. Address:

\* Street1:

355 S Summer Street

Street2:

\* City:

Russellville

County/Parish:

\* State:

KY: Kentucky

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

42276-2055

### e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr .

\* First Name:

Kyle

Middle Name:

\* Last Name:

Estes

Suffix:

Title:

Superintendent

Organizational Affiliation:

\* Telephone Number:

270-726-8405

Fax Number:

\* Email:

kyle.estes@russellville.kyschools.us

## Application for Federal Assistance SF-424

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

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Community Oriented Policing Services

### 11. Assistance Listing Number:

16.071

Assistance Listing Title:

School Violence Prevention Program

### \* 12. Funding Opportunity Number:

O-COPS-2025-172379

\* Title:

FY25 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:

Securing Russellville Independent Schools: Enhancing School Monitoring and Police Coordination

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	KY-001
* b. Program/Project	KY-001
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date:	10/01/2025
* b. End Date:	09/30/2028
<b>18. Estimated Funding (\$):</b>	
* a. Federal	500,000.00
* b. Applicant	166,667.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	666,667.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/2025 .	
<input 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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix:	Mrs .
* First Name:	Jennifer
Middle Name:	
* Last Name:	Pope
Suffix:	
* Title:	Director of Pupil Personnel
* Telephone Number:	270-726-8405
Fax Number:	
* Email:	jennifer.pope@russellville.kyschools.us
* Signature of Authorized Representative:	Jennifer Pope
* Date Signed:	05/19/2025