OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 06/17/2025

4. Applicant Identifier: JX8HDKEREQE4

5a. Federal Entity Identifier: 21-6000241

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: New Jersey

8. APPLICANT INFORMATION:

* a. Legal Name: Keansburg School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 21-6000215

* c. UEI: JX8HDKEREQE4

d. Address:

* Street1: Keansburg School District
Street2: 100 Palmer Place
* City: Keansburg
County/Parish: New Jersey
* State: NJ: New Jersey
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 07734-1142

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Christine
Middle Name:
* Last Name: Formica
Suffix:

Title: Director

Organizational Affiliation: Keansburg School District

* Telephone Number: 732-757-7573
Fax Number: 732-787-4399

* Email: cformica@keansburg.k12.nj.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:**

Enhancing School Safety Through Strategic Security Staffing, Advanced Visitor Management, and Comprehensive Campus Mapping in the Keansburg 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: NJ006 * b. Program/Project: NJ006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2025 * b. End Date: 06/30/2026

18. Estimated Funding ($):

* a. Federal	183,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	130,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	313,500.00

*** 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

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 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: Ms. * First Name: Christine

Middle Name:

* Last Name: Formica

Suffix:

* Title: Director

* Telephone Number: 732-787-2007 Fax Number: 732-787-4399

* Email: cformica@keansburg.k12.nj.us

* Signature of Authorized Representative: Christine Formica * Date Signed: 06/17/2025