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AUG 14 2009

DIVISION OF EMERGENCY MANAGEMENT
Office of the Governor

COUNTY JUDGE

JACK COLLEY
Chief

RICK PERRY
Governor

Mailing Address:
PO Box 4087
Austin, Texas 78773-0220

Contact Numbers:
512-424-2138 Duty Hours
512-424-2277 Non-Duty Hours
512-424-2444 Fax

Physical Address:
5805 N. Lamar Blvd.
Austin, Texas 78752

August 7, 2009

The Honorable J. D. Salinas
Hidalgo County Judge
PO Box 1356
Edinburg, Texas 78539

RE: Approval for Hidalgo County, Texas Project DR-1780-002

Dear Judge Salinas

Congratulations! Your project request for funding under the Hazard Mitigation Grant Program has been selected by the State of Texas and approved by the Federal Emergency Management Agency (FEMA). The Grant is for major disaster declaration FEMA-1780-DR. The project number is 1780-002. This number should be used as a reference on all documents and correspondence. Under the terms of your application and the below listed conditions, you are authorized to proceed with the initiative project identified in your application, as the distribution of NOAA All-Hazards Weather Radios to facilities serving special populations in your community. You will be reimbursed for up to 75% of eligible project costs, and your cost share match requirement is at least 25% of total project cost. The total estimated project cost is \$50,000.00, and the federal share award for this grant is \$37,500.00.

The action identified in this project application has been Categorically Excluded (CATEX) from the need to prepare an Environmental Impact Statement in accordance with 44 CFR 10.8 (d) (2) (vi).

The application period for FEMA-1780-DR-TX ended on July 23, 2009. The applicant period is important because scope of work changes cannot be made after the application period expires. No new activities or activities that have not been pre-identified, submitted, and FEMA approved can be considered after the application period expires.

This project must be completed within twelve months. This means your project must be completed by July 30, 2010 or sooner. If, due to extenuating circumstances, the project cannot be completed within this period, the sub-grantee must request an extension to the period of performance. This request must be in writing and received by the State 90 days prior to the project completion date of July 30, 2010.

You are required to submit a Quarterly Progress Report to this office no later than October 15th, January 15th, April 15th, and July 15th of each year until the project is completed. A report with two consecutive quarters indicating no progress may result in your project being forfeited. A copy of the report format is enclosed for your use and may be reproduced as required. (See Enclosure 1)

Requests for the reimbursement of expenses may be submitted quarterly during the grant performance period (See Enclosure 2). Payments will be made within 21-30 days after receipt of complete and accurate documentation. The reimbursements must be disbursed by the sub-grantee within 10 working days of receiving the funds. Failure to do so, per FEMA grants management regulations and the State Hazard Mitigation Team, will be considered poor grants management and could affect future grant applications.

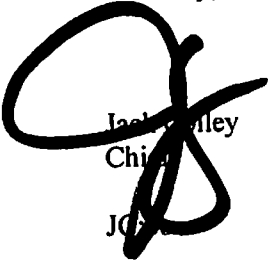
The Certificate of Completion must then be completed and returned to this office, with all required documentation, as notification that the project has concluded and is ready for the final program and financial audits. A copy of the form is attached (See Enclosure 3). A chief elected official or his/her designated representative must sign this document. Final project payments will be made based upon both, the certificate of completion, and the final inspection and audit by our staff.

Any contract for service associated with this project, must be issued in accordance with local, State and Federal laws. Contract material and labor costs must be specific and considered reasonable, "cost plus" type contracts will not be acceptable. For any contract awarded, a copy of the contract will be forwarded to the State with the first quarterly report following award, along with a report from the Excluded Parties List System (www.epls.gov) showing that the chosen contractor is not currently excluded.

If you have reviewed over \$500,000.00 total funding from any Federal programs during this Federal fiscal year, you will be required to provide DEM with a copy of your current annual audit, performed per OMB Circular No. A-133. Please contact our Disaster Program Auditor, at 512-424-2426 for further information on audit requirements. All HMGP grants are subject to Federal audit; therefore, all records must be maintained for 3 years from the date of project close out or, upon receipt of the final payment whichever is later.

If you have any questions or concerns please contact the Project Officer for your project, Benjamin A. Buchanan at 512-424-5478 or via email Benjamin.buchanan@txdps.state.tx.us.

Sincerely,



Jack Wiley
Chief
JW

Enclosures

CC: A. A. Tony Pena, Hidalgo County EMC
Brenda Garza, Hidalgo County Asst. EMC

Exhibit G

**Texas Mitigation Grant Programs
Quarterly Report (Narrative)**

Date: July 30, 2009

Funding Source (FMA, HMGP, or PDM): HMGP

Quarter: 1st 2nd 3rd 4th

Disaster Number (HMGP): FEMA-1780-DR-TX
 or
 FEMA Grant Number (FMA /PDM): _____

Project Number: 002

PDM Project Number: _____

Sub-grantee Name: Coastal Guardians Outreach

Point of Contact: A.A. Tony Pena

Project Description: NOAA All-Hazards Weather Radio

POC's Phone Number: 956-318-2615

Amount Obligated: \$37,500.00

Date Obligated: July 30, 2009

Period of Performance Completion Date: July 30, 2010 Project Start Date: July 30, 2009

Federal Funds Paid to Date : _____

Narrative Report: Please describe: 1) specific activities achieved during this quarter; 2) comparison of actual accomplishments to the planned objectives established in the application; 3) reasons for slippage if objectives are not being met; and 4) an analysis and explanation of possible cost overruns/under runs, scope changes or extensions. If acquisition, elevation or a relocation project, please include addresses of structures mitigated.

Problems/Delays Encountered and Reasons Why:

State Comments/Actions

Percent of work completed: _____

FOR ACQUISITION PROJECTS ONLY:

Record the number of structures:

Acquired	Demolished	Still to be Purchased	Still to be Demolished

Change of Scope/Extension Date: _____

Do you anticipate:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a) cost overrun/underrun next quarter? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| b) a change in the Scope of Work? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| c) an extension of performance period? | <input type="checkbox"/> | <input type="checkbox"/> |

Project Close Date: _____

Final Cost of Project: _____



**TEXAS DEPARTMENT
OF PUBLIC SAFETY**

**DIVISION OF EMERGENCY
MANAGEMENT**

**QUARTERLY
HAZARD MITIGATION
PROJECT PAYMENT REQUEST**

1. GRANTEE TEXAS DEPARTMENT OF PUBLIC SAFETY		2. PROJECT NUMBER ASSIGNED DR-1780-002		3. SUB-GRANTEE (Name and complete address, including zip code) Hidalgo County, TX Offices 100 E. Cano, 2nd FL. Edinburg, TX 78539		
4. EMPLOYER I.D. NO. 74-600717		5. TOTAL APPROVED FEMA SHARE \$37,500.00	6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. FEDERAL FISCAL YEAR 2009	8. PERFORMANCE PERIOD From: 7/30/2009 To: 7/30/2010	9. Period Covered This Report From: _____ To: _____

STATUS OF REPORT

10. QUARTER DATE ENDING	(a) Quarter 1 12/31/08	(b) Quarter 2 03/31/09	(c) Quarter 3 06/30/09	(d) Quarter 4 09/30/09	(e) TOTAL
a. Total Salaries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Total Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. Total Salaries & Benefits (a + b)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Total Travel Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Total Reproduction/Distribution Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Total Other Itemized Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Total Project Costs (c + d + e + f)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Sub-Grantee Share of Project Cost @ 25%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Federal Share of Project Cost @ 75%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DETAILED EXPLANATION OF EXPENSE ITEMS REPORTED IN 10a THROUGH 10f

11. REMARKS: Attach itemized list of project expenses (examples shown below, use additional pages if needed) **CAPITAL EXPENDITURES MUST BE APPROVED IN ADVANCE**

12. **CERTIFICATION:** *I certify to the best of my knowledge and belief that this report is correct and complete. That all project work was contracted through a competitive bid process and verification of all bids may be required for successful application and completion of the project.*

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	TELEPHONE NO. (include area code & extension)	DATE SIGNED
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Procedure for Completing Quarterly Hazard Mitigation Payment Request Worksheet

This form is being implemented to track expenses specific to project costs approved by FEMA and related to Hazard Mitigation by the Texas Department of Public Safety (TXDPS), Division of Emergency Management (DEM), Hazard Mitigation Section (HMIT).

The following is a summary of the guidelines required for the successful completion of this form. This form is in Microsoft Excel format and the numerical fields will calculate values. Please remember to make a copy for your records and send via email to your assigned project officer here at DEM.

This form will be completed on a quarterly basis and submitted to (TXDPS) (DEM) (HMIT) **NO LATER THAN 30 DAYS FROM THE END OF THE QUARTER. ALL PROJECT COSTS ARE SUBJECT TO AUDIT AND MUST BE VERIFIED OR VERIFIABLE BY TXDPS OR THOSE PROJECT COSTS MAY BE DENIED.**

Instructions

While filling out this Worksheet, the following is a step by step instruction checklist on reporting the information necessary to receive payment:

- #1 – Grantee is the Texas Department of Public Safety and will remain the same and not change under this program – **DO NOT CHANGE.**
- #2 – Project Number is the Number assigned to the Project by Texas Department of Public Safety (TXDPS) Division of Emergency Management (DEM)
- #3 – Sub-Grantee is the applicant Jurisdiction/Agency. An authorized contact name, and complete address, including zip code is required.
- #4 – Employer Identification Number (EID) is the assigned Federal Tax Number for the Entity, Jurisdiction or Agency.
- #5 – Total approved FEMA share is the approved amount provided by FEMA that equals to 75% share paid for the project. This figure will be provided to you prior to commencement of project work
- #6 – Final Report indicates whether this is a final report or an interim report. Place an "X" in the appropriate box.
- #7 – Indicates the Federal Fiscal Year which ends on September 30th.
- #8 – Indicates the Performance Period. This is the period of time allocated for project completion. Fill in the period when work was preformed until work is completed.
- #9 – Indicates the Period Covered by this Report or the Quarter being reported.
- #10 – Indicates the segregated costs considered in this Project Analysis and Payment Request.
 - #10 a – Is the Total **BASE** salaries per employee with full employee name & supervisors name **NO OVERTIME OR FRINGE BENEFITS SHOULD BE INCLUDED.**
 - #10 b – Fill in the Benefits Costs incurred during the quarter. These include all fringe rates paid by employer: health insurance, overtime, vacation time, 401k, etc.
 - #10 c – Is a calculated field based on #10 a & b and includes Total Salaries and Benefits Costs.
 - #10 d – Is Total Travel Costs. For example: for mileage: miles x \$0.345 per mile = \$0.00; or for airfare for staff: copies of tickets, rental vehicles: receipts, etc.
 - #10 e – Is the Total Reproduction and Distribution Costs (printing related). For example, public notices in newspapers, training materials for public and staff, etc.
PLEASE NOTE THAT THE ABOVE COSTS MUST BE ITEMIZED AND VERIFIED.
 - #10 f – Is the Total of all Itemized Costs not covered in 10a through 10e. These Costs must be itemized and reported in detail in space provided in Section 11.
 - #10 g – Is the Total of all Project Costs: (10 c + d + e + f) this is a calculated field and includes the sub-total of all Salaries and Benefits.
 - #10 h – Is a calculated field based on 25% of #10 g and includes the Sub-Grantee Share of the project cost based on the approved amount in Section 5 of form.
 - #10 i – Is a calculated field based on 75% of #10 g and includes the Federal Share of the project cost based on the approved amount found in Section 5 of form.
- #11 – Fill in any and all remarks pertinent to the Project Costs. This space is intended for explanation of any Project Costs as well as inclusion of supporting documentation. Examples are shown below, use additional pages if needed. Additional, third party documentation may be referenced and sent seperately (See #12)
- #12 – Fill in the Certification.
 - #12 a - **Read the Certification Statement. By signing your name, you attest to these facts as presented and these are subject to all Federal & State laws.**
 - #12 b - Type or Print your Name and Title.
 - #12 c - Sign – Must be a Signature of an Authorized Representative (See Section #3 of these instructions) .
 - #12 d - Fill in Telephone Number including area code and extension if necessary of the Authorized Representative.
 - #12 e - Fill in the Date Signed. **MUST NOT EXCEED 30 DAYS OF THE END OF THE QUARTER AND MUST BE SUBMITTED WITHIN THOSE 30 DAYS.**

Please Note: All participants are encouraged to fill out this sheet in excel and email to their TXDPS contact. A copy of this request should also be kept for your records and for TXDPS Hazard Mitigation Auditors. Questions regarding this form may be directed to Mildred Reno, at 512.424.2428.

MITIGATION GRANT
CERTIFICATE OF COMPLETION

SUBGRANTEE: Hidalgo County, TX

HMGP NUMBER DR-1780-002

FINAL PROJECT COST _____

FEMA SHARE AUTHORIZED _____

FEMA SHARE SPENT _____

DATE PROJECT COMPLETED _____

SUBGRANTEE ID NUMBER 74-600717

CERTIFICATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL WORK AND COSTS CLAIMED ARE ELIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS, ALL WORK CLAIMED HAS BEEN COMPLETED, AND ALL COSTS CLAIMED HAVE BEEN PAID IN FULL.

SIGNED:

APPLICANT'S AUTHORIZED REPRESENTATIVE

TITLE:

DATE:
