



# TEXAS DEPARTMENT OF PUBLIC SAFETY

## DIVISION OF EMERGENCY MANAGEMENT

### QUARTERLY HAZARD MITIGATION PROJECT PAYMENT REQUEST

1. GRANTEE <b>TEXAS DEPARTMENT OF PUBLIC SAFETY</b>		2. PROJECT NUMBER ASSIGNED <b>DR-1780-002</b>		3. SUB-GRANTEE (Name and complete address, including zip code) <b>Hidalgo County, TX Offices 100 E. Cano, 2nd FL. Edinburg, TX 78539</b>			
4. EMPLOYER I.D. NO. <b>74-600717</b>		5. TOTAL APPROVED FEMA SHARE <b>\$37,500.00</b>		6. FINAL REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. FEDERAL FISCAL YEAR <b>2009</b>	
				8. PERFORMANCE PERIOD From: <b>7/30/2009</b> To: <b>7/30/2011</b>		9. Period Covered This Report From: <b>1/1/2010</b> To: <b>6/30/2010</b>	

#### STATUS OF REPORT

10. QUARTER DATE ENDING	(a) Quarter 1 12/31/10	(b) Quarter 2 03/31/11	(c) Quarter 3 06/30/11	(d) Quarter 4 09/30/11	(e) TOTAL
a. Total Salaries	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
b. Total Benefits	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
c. Total Salaries & Benefits (a + b)	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
d. Total Travel Costs	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
e. Total Reproduction/Distribution Costs	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
f. Total Other Itemized Costs	\$49,046.31	\$0.00	\$0.00	\$0.00	<b>\$49,046.31</b>
g. Total Project Costs (c + d + e + f)	<b>\$49,046.31</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$49,046.31</b>
h. Sub-Grantee Share of Project Cost @ 25%	\$12,261.58	\$0.00	\$0.00	\$0.00	<b>\$12,261.58</b>
i. Federal Share of Project Cost @ 75%	\$36,784.73	\$0.00	\$0.00	\$0.00	<b>\$36,784.73</b>

#### 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**

1). EMERGENCY DYNAMO CRANK RADIOS	1,500 @ \$30.77 = \$46,155.00
2) BAGS/PADS/PENS/SUPPLIES	\$ 2,891.31
<b>TOTAL</b>	<b>\$49,046.31</b>

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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