



LOCAL BORDER SECURITY PROGRAM GUIDE

FY 2013 (LBSP-13)

Texas Ranger Division

November 19, 2012

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ACRONYMS

AAR	After Action Report
BIAR	Border Incident Activity Report
BSOC	Border Security Operations Center
BTF	Budget Tracking Form
DAL	Daily Lay-Down Report
DIF	Daily Input Form
SOW	Statement of Work
JOIC	Joint Operations and Information Center
LBSP 13	Local Border Security Program FY 2013
UC	Unified Command
UCR	Unified Crime Reporting
USBP	United States Border Patrol

SECTION 1

INTRODUCTION

1. **What is the Local Border Security Program FY 2013 (LBSP-13)**

- a. The Local Border Security Program FY2013 (LBSP-13), hereinafter referred to as LBSP-13, is funded by House Bill 1 Article V Rider 41 of the General Appropriations Act for fiscal year ending August 31, 2013 *to provide additional manpower by local law enforcement agencies for state led border security enhanced operations for improved border security. Using these funds, the Texas Department of Public Safety provides grants to local law enforcement agencies for payment of **overtime and operational costs** for local law enforcement officers (commissioned peace officers).*
- b. *The Texas Legislature has appropriated funds for **overtime and operational costs** for increased patrol and investigative capacity for certified peace officers. It further directed that the Department of Public Safety's Overtime Policy should be used to define overtime. Certain operational costs incurred as part of these overtime patrols and investigations, such as fuel/mileage and additional cost for minor emergency repairs may also be funded.*
- c. The LBSP-13 is a **reimbursement program of actual costs for eligible activities**. Advances may be provided to supply sufficient funds to the participant to perform the eligible program activities during the specified period. The grant administration will follow the guidelines of OMB Circular A-133 when making the grant.

2. **Eligibility for the LBSP- 2013**

- a. Who may apply?
 - 1) Units of local government
- b. All participants must submit a completed LBSP-13 Application (Form A-1) to The Texas Ranger Division. The application must include all required attachments.
- c. Participants will be considered for elimination from the LBSP-13, if any of these listed failures constitute grounds for the Department to terminate the grantee's participation.
 - 1) Fail to submit required financial and program reports by due dates;
 - 2) Fail to participate in operational meetings; or
 - 3) Fail to comply with the grant guidelines.

3. **Background**

The State of Texas has an urgent security challenge caused by the increased threat from organized crime, terrorism, and their allies that is exacerbated by the continued flow of illegal immigrants. These security challenges require a unified strategy to provide the State of Texas with a framework to respond. These threats will continue to threaten the security of Texas and the United States for the foreseeable future. Organized criminal, drug trafficking, and illegal immigration activities originating and transiting from Mexico to the United States and Texas will continue until the air, land, and sea transit areas are secured. These criminal elements also use these air, land, and sea transit areas and routes from the United States and Texas to Mexico for the movement of funds, weapons, and stolen vehicles.

Criminal activities, including drugs and human smuggling, are extensive in the border regions and within the transportation corridors from the borders to major metropolitan areas. Relatively small groups of substantially financed illegal immigrants or potential terrorist often can infiltrate the United States and adversely impact population centers, critical infrastructure, and citizens.

4. Goal

The State of Texas will facilitate the conduct of sustained interagency law enforcement operations from January 1, 2013 through August 31, 2013 to dominate the Texas-Mexico Border area at points and times of its choosing and thereby deny criminal actions therein; provide a safe and secure environment where Texas citizens can prosper; contribute to the reduction of potential acts of terror within Texas and the United States; and promote regional stability.

5. Community Plan

Enforcing the security of the U.S. border remains primarily the responsibility of the federal government; however, there is a legal requirement for state and local governments to ensure the safety and security of citizens living within the border area and beyond.

The State of Texas will provide the resources for the LBSP-13 to reduce border-related crime and thereby assure the security and quality of life for Texas citizens. As such, LBSP-13 operations will capitalize on interagency information sharing initiatives; facilitate informed interagency decisions regarding where and when to enhance local law enforcement patrols to deter criminal activities; and facilitate directed interagency actions to interdict criminal activity, if deterrence fails.

The LBSP-13 is a commitment to border security. Operations will be continuous/relentless in their approach. The program will aim at dominating the Texas-Mexico border through the enforcement of the rule of law and thereby deny criminals and their organizations the ability to act.

In the spirit of developing enduring interagency partnerships, LBSP-13 operations will manifest local, state, tribal, and federal commitments to a unified effort. Enabling these unified efforts are Unified Commands established within each sector throughout the border area. Unified Commands provide the venue for interagency information sharing and decision-making within the six distinct sectors along the Texas border area as shown in figure 1. Unified Commands will seek optimal solutions regarding sharing and commitment of interagency law enforcement resources. Each Unified Command will take steps to ensure its interagency members' awareness and understanding of situations within the affected respective sector area. As situations dictate, Unified Command members will decide issues regarding re-direction of available – or request augmenting – law enforcement resources to dominate the border area.

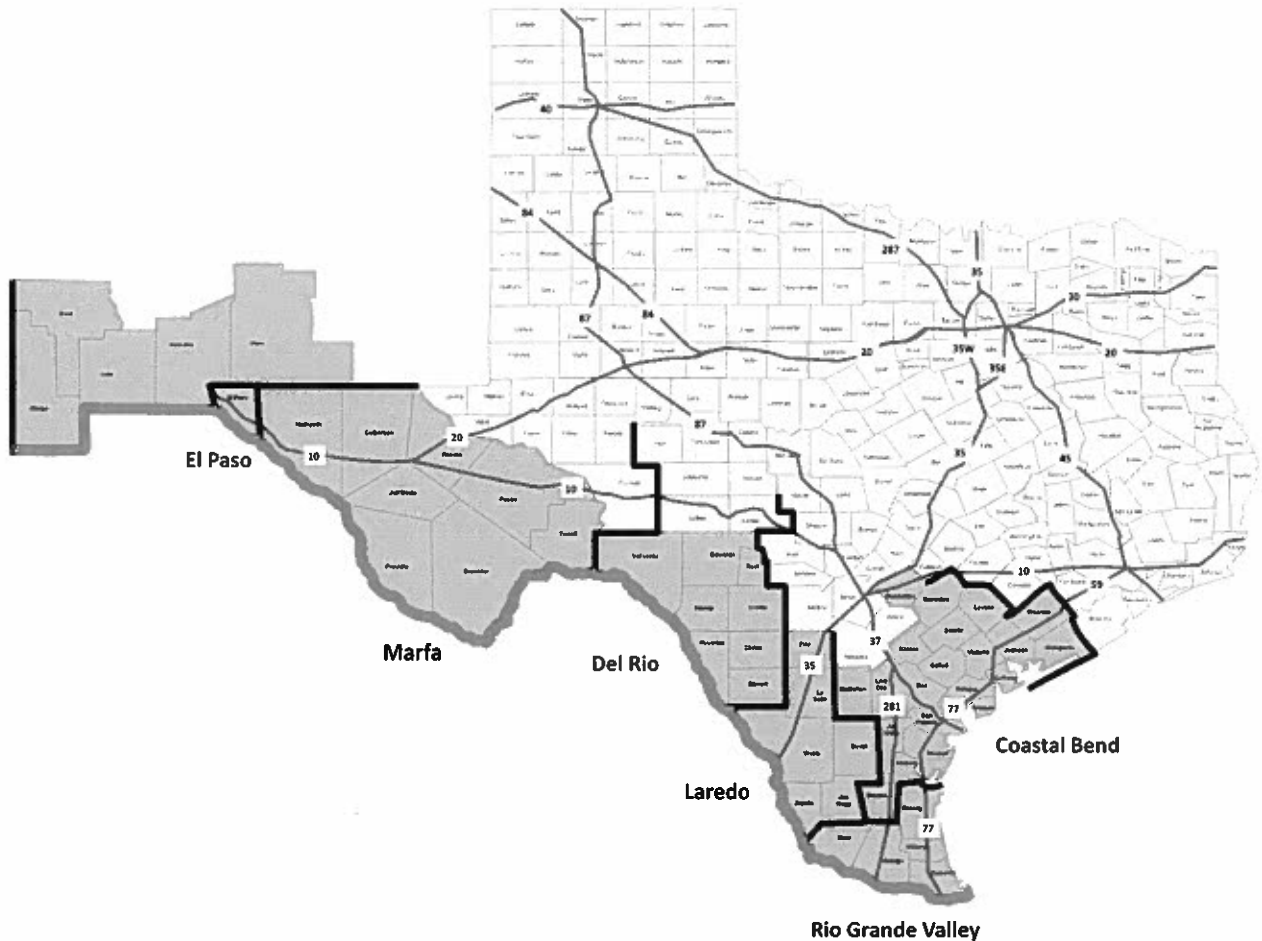


Figure 1 - The six sectors within the border area.

Each of the six Unified Commands (UC) shown above is supported by a Joint Operations and Information Center (JOIC) that promotes inter-agency communication and information sharing; analyzes situational developments; proffers recommendations for decision, as necessary; and coordinates actions directed through consensus of the Unified Command. Each JOIC serves as a clearinghouse for data collection and dissemination, receives, aggregates, and electronically files Border Incident and Assessment Reports (BIAR) in the TxMap System, prepares and disseminates a Daily Summary of operations activities and results, leads Unified Command teleconferences, prepares and disseminates periodic operational assessments, and develops options and recommendations for consideration by the UC.

The Texas Border Security Operations Center (BSOC) was a relatively new concept when it was developed in 2006. The purpose of the BSOC is to coordinate Texas state agency participation in border security operations and thereby increase security, reduce crime, and reduce the potential for terrorism along the Texas-Mexico border area from Brownsville to El Paso.

6. Project Objectives

The State of Texas will assist in the execution of coordinated border security operations and facilitate the conduct of sustained interagency law enforcement activities in conjunction with Federal, Local and Tribal agencies to disrupt, deter, interdict, and thereby dominate criminal activity associated with the movement—northbound and southbound—of illicit traffic through the Texas border region and throughout Texas in order to reduce border-related crime, contribute to

the reduction of potential acts of terror within Texas and the United States, and increase the security and quality of life of Texans in order to:

- Increase the effectiveness and impact of Steady State and surge operations.
- Reduce border-related criminal activity in Texas.
- Implement and increase the effectiveness of operational methods, measures, and techniques for outbound/southbound operations.
- Decrease the supply of drugs smuggled into and through Texas from Mexico.
- Disrupt and deter operations of gang and cartel criminal organizations.
- Decrease specifically targeted tactics (such as conveyance methods) for drugs in the Texas border region.
- Decrease use of specific areas for crime as targeted in directed action missions.
- Increase the effectiveness of air operations mission planning and prioritization.
- Continue to exercise and integrate air-ground team operations to include TMF aviation, CBP Air and Marine, DPS Aircraft Section, and USCG aviation support.
- Based upon intelligence and analysis, increase the effectiveness of directed action missions to ensure they target against and are conducted in high pay off areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels.
- Increase intelligence based operations at Unified Command level through integration of TxMAP, sector specific information, and employment of intelligence analysts.

7. Project Summary

- a. Federal, state, tribal, and local law enforcement agencies will commit to LBSP-13 operations. The most critical factor to the success of this operation is the availability of qualified local law enforcement officers. Small populations and tax bases within most county jurisdictions along the border cannot support sufficiently large contingents of law enforcement officers from the effects of narcotics smuggling and human trafficking. Accordingly, the State of Texas is providing resources for local law enforcement agencies to periodically enhance patrol activities by employing augmenting capabilities under local direction and control. The manner in which local law enforcement augmentation is arranged is left to the initiative of local law enforcement agencies.

SECTION 2

PROGRAM GUIDANCE AND REQUIREMENTS

1. PERFORMANCE

GRANTEES must participate in the required performance activities. See Part A of this section.

2. INFORMATIONAL REPORTING

GRANTEES must submit informational reports by the required due dates. See Part B of this section.

3. FINANCIAL DOCUMENTATION

GRANTEES must submit financial reports by the required due dates. See Part C of this section.

4. NON-COMPLIANCE

Failure to comply with program requirements may cause funds to be withheld and/or suspension or termination of the grant.

5. GOVERNING LAW

This grant program is subject to the laws and jurisdiction of the State of Texas and shall be construed and interpreted accordingly.

6. COMPLIANCE WITH LAW

The Grantee understands and agrees that it will comply with all local, Texas, and federal laws, statutes, codes, ordinances, rules and regulations, and with the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of any LBSP-13 grant award.

7. LIABILITY

- a. Each party to an LBSP-13 award agrees that it shall have no liability whatsoever for the actions and/or omissions of the other party's employees, officers, or agents, regardless of where the individual's actions and/or omissions occurred. Each party is solely responsible for the actions and/or omissions of its employees, officers, and agents; however, such responsibility is only to the extent authorized by Texas law. Where injury or property damage result from the joint or concurring acts and/or omissions of the parties, any liability shall be shared by each party in accordance with the applicable Texas law, subject to all defenses, including governmental immunity. These provisions are solely for the benefit of the parties hereto and not for the benefit of any person or entity not a party hereto; nor shall any provision hereof be deemed a waiver of any defenses available by law.
- b. Pursuant to Section 421.062 of the Texas Government Code and to the extent it applies, the parties are not responsible for any civil liability that arises from furnishing a service related to a homeland security activity, as defined by Section 421.001 of the Texas Government Code, while acting under an LBSP- 13 award.

- c. Each party may participate in the defense of a claim or suit related to the subject matter of an LBSP- 13 award, but no costs or expenses shall be incurred for any party by the other party without written consent.
- d. It is the agreement of the parties that any litigation involving the parties to an LBSP – 13 awards may not be compromised or settled without the express consent of the Texas Department of Public Safety unless such litigation does not name the Texas Department of Public Safety as a party.

8. SEVERABILITY

If any provision of an LBSP-13 award or the application of any provision to any party or circumstance is held by a final judgment or order of a court of competent jurisdiction to be illegal, invalid, or unenforceable, such provision shall be fully severable. An executed LBSP-13 award shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part hereof, and the remaining provisions shall remain in full force and effect and shall not be affected by the illegal, invalid, or unenforceable provision or by its severance there from.

9. MULTIPLE COUNTERPARTS

An LBSP-13 award may be executed in a number of identical counterparts, each of which shall be deemed an original for all purposes and all of which constitutes collectively, one Agreement. But, in making proof of this Agreement, it shall not be necessary to produce or account for more than one such counterpart.

10. AUDIT

The Texas Department of Public Safety reserves the right to audit the Grantee's records and documents regarding compliance with any award or sub-award funded under this program. These audits may be unannounced and at any given point in time. The grantee is also subject to audit by any other department or agency, including federal agencies, responsible for determining that the parties have complied with the applicable laws. The State Auditor may conduct an audit or investigation of any entity receiving funds from the State of Texas directly under this grant program or indirectly through a sub-award under this grant program. Acceptance of funds directly under this program or indirectly through a sub-award under this program acts as acceptance of the authority of the State Auditor under the direction of the legislative audit committee to conduct an audit or investigation in connection with those funds. Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the State Auditor must provide the State Auditor with access to any information the State Auditor considers relevant to the investigation or audit.

11. RECORDS RETENTION

The Grantee shall keep all operational and financial records and documents regarding this grant for the term of the grant and for four (4) years after the termination of the grant.

12. NON-INCORPORATION CLAUS

The Notice of Award together with the LBSP-13 Guide and an approved LBSP-13 Application constitute the entire agreement between the parties with regard to the matters made the subject of an LBSP-13 grant. There are no verbal representations, inducements, or agreements between the parties. No rights or obligations shall be implied.

13. NO JOINT ENTERPRISE

The Texas Department of Public Safety is associated with the Grantee only for the purposes and to the extent set forth herein, and with respect to the performance hereunder, the Grantee is and shall be an independent contractor and shall have the sole right to supervise, manage, operate, control, and direct the performance of the details incident to its duties hereunder. Nothing contained herein shall be deemed or construed to create a partnership or joint venture, to create the relationships of an employer-employee or principal-agent, or to otherwise create any liability for the Texas Department of Public Safety whatsoever with respect to the indebtedness, liabilities, and obligations of the Grantee or any other party.

14. TERMINATION

- a. Either party, upon thirty days written notice to the other party, may terminate an LBSP-13 award prior to the date specified on the Notice of Award.
- b. Either party may terminate an LBSP-13 award if the other party neglects or fails to perform or observe any of its material obligations herein, and such default continues for thirty (30) days following receipt of written notice of such default.
- c. Notwithstanding any other award provisions, the parties hereto understand and agree that the obligations of the Texas Department of Public Safety under an LBSP-13 award are contingent upon the availability of state appropriated funding to meet the Texas Department of Public Safety liabilities hereunder. If these funds become unavailable to the Texas Department of Public Safety, the Texas Department of Public Safety may immediately terminate this Agreement without penalty to, or any liability whatsoever on the part of the Texas Department of Public Safety or the State of Texas.

PART A – PERFORMANCE REQUIREMENTS

1. The law enforcement agencies that are participating in these operations are expected to complete the following activities:
 - a. Conduct steady state operations and respond to calls for service.
 - b. Conduct enhanced law enforcement patrolling activities.
 - c. Within jurisdictions or cross jurisdiction lines as required:
 - 1) Interdict;
 - 2) Conduct surveillance;
 - 3) Investigate; and,
 - 4) Collect and disseminate information.
 - d. Recognize and react to information/intelligence to adjust times and locations of enhanced patrol activities.
 - e. Report significant events that occur during each 24-hour period.
 - f. Identify significant trends or areas of interest that may be developed into focus areas for future operations.
 - g. Integrate air, ground, marine, and remote operations.
 - h. Plan for implementation of inclement weather operating procedures as coordinated with all participating agencies.
 - i. Participate in operational planning and coordination meetings, information/intelligence sharing meetings, and After Action Reviews (AARs) established by the Joint Operations and Information Centers (JOIC).
 - j. Submit all required reports.
 - k. Participate weekly on the JOIC conference calls.
 - l. Unified crime report (UCR) database must be at 90% for the county in which you are located.

PART B – INFORMATIONAL REPORTING REQUIREMENTS

1. The law enforcement agencies are required to submit the following reports. Contact the Border Security Operations Center (BSOC) regarding questions in completing the forms. See Section 5 for blank forms and Section 7 for examples of completed forms.
 - a. Participant Incident and Information Reporting. The Border Incident and Assessment Report (BIAR) is the primary incident and information-reporting tool for all participants in LBSP-13 operations. As such it is the fundamental source for the common operating picture that drives the success of joint and interagency operations. Participants will ensure each incident BIAR is as complete as possible in answering Who, What, Where, When, Why, How, How Much, and the officer's reason for suspicion. Participants will also report with BIAR any information from interviews of detained persons, to satisfy or partially satisfy LBSP-13 or *Texas Homeland Security Operational Information Requirements*, as published. The *Texas Homeland Security Operational Information Requirements* are available through the BSOC.
 - 1) Participants will ensure all BIARs conform to the respective standards outlined in the *Operational Reporting Standards* published separately. These standards are available through the JOIC's and BSOC.
 - 2) Participating organizations will report via BIAR known or suspected computer / network penetration attempts involving any information system used to transmit or store information concerning LBSP-13 operations.
 - 3) Participants will email, fax, or hand deliver all BIARs to their supporting JOIC as soon as possible, but **not later than 9:00 AM daily following each reporting period**. Participants will relay critical or time-sensitive incident information to their JOIC via telephone, radio, or other rapid means, then follow up by a BIAR.
2. "It is not the intent of the Department to overburden LEA's with cumbersome reporting requirements pursuant to grant fund acceptance. However, it is the intent of the Department to foster valuable knowledge and intelligence transfer throughout the state of Texas to aid in the suppression of crime and terrorist activity. To that end the policy of the Department toward reporting from grantees will be liberally in favor of reporting.

LEAs must report all activities that are considered steady state activities in addition to enhanced activities. Steady state activities are defined as normal patrol or investigative duties that do **not** use grant funds, but directly impact the overall Local Border Security Program (LBSP) mission (organized crime arrests, terroristic activities, weapons trafficking arrests, kidnappings, home invasions with a border or organized crime nexus, illegal immigration, border related murders, gang related murders, or drug trafficking). Enhanced Operations originate out of the use of OBS funds when the local agency chooses to augment the hours of patrol or investigative bodies. Given the Department's liberal stance on reporting and the value to the state realized by intelligence sharing LEA's are urged to report all activities that the grant funds are used to programmatically suppress and eradicate.

LEA's have a continuing duty to report steady state activities throughout the grant period regardless of whether or not they have spent all grant funds prior to the end of the grant period.

A continuing failure to report non steady state activities can result in revocation of the grant funds. More importantly, failure to report will result in a weaker intelligence and law enforcement community. The purpose of the state Legislature in allowing the use of these funds and the Department's intent as the steward of these funds is to strengthen intelligence and law

enforcement throughout the state with the aim of suppressing and eradicating organized crime, terroristic activities, illegal immigration, and drug trafficking. All LEA's should report with the program goals in mind."

Participant Reporting Requirements

All participants who receive BORDER STAR funding are required to provide Border Incident Assessment Reports (BIAR) for the duration of the operation (until the grant period ends). It is understood that some participants will spend grant funding faster than others; however, regardless of how quickly the BORDER STAR grant funds are expended, **reporting and participation is still required from all participants until the grant period ends**. Participants are also required to participate in scheduled Unified Command (UC) teleconferences. *If two (2) conference calls are missed within the grant period of performance your grant funds will be terminated. Participation on these conference calls is essential and if inactive participation is reported by the JOIC; grant funds will be terminated. Failure to perform the above stated requirements will also be taken into consideration when future grant funds are awarded.*

The Chart below shows the required report and teleconference for Operation BORDER STAR (OBS) that pertains to law enforcement agencies who are participating in the operation.

Type	Creator	Send To:	Schedule	Status
BIAR	LEA Participants	JOIC	ASAP, but not later than (NLT) 9 AM daily	Required
JOIC Teleconference	UC	UC	Weekly, date and time as agreed by the UC	Required

Uniform Crime Report (UCR) database must be at 90% for the county that you are in. The county must have 90% average for adult and juvenile criminal dispositions related to reported arrests for calendar years 2007 through 2011

When make application the A1 you will sign and return will be certifying your jurisdiction has met the 90% threshold on your reported criminal dispositions related to reported arrests for adults and juveniles. If the entire county is not at 90% average you will NOT be eligible for the grant.

PART C – FINANCIAL INFORMATION AND REQUIREMENTS

1. Eligible Activities and Costs

Grant funds may be used in accordance with the following activities in the deployment of border security initiatives as approved by the Texas Department of Public Safety.

a. Project Overtime.

1) Project Overtime, for the purposes of this grant, is defined as the time an employee works on this project in excess of the normal duty periods, as defined by the grantees overtime policy. Overtime must be worked to increase patrol and or in an investigative capacity. Paid leave (i.e. sick, vacation, holiday, compensatory time) may be considered regular duty, but may not be considered as overtime. The financial reporting period will coincide with the Grantee's payroll period.

a) The project overtime rate shall be one-and-one-half (1.5) times the employee's regular hourly rate of pay. Fringe Benefit expenses related to project overtime is eligible for reimbursement. Fringe rates should be consistent per jurisdiction. **(Fringe rate consists of FICA)**

b) The grant will not reimburse more than 16 hours of OT on any given 24 hour period. (i.e. if the participating officer normally works a 10 hour shift the participating officer cannot claim on any day more than 6 hours OT for a total of 16 hours worked in a given 24 hour timeframe. If working OBS on day off or using paid leave, participating officer cannot work more than 16 hours of OT on the OBS shift). ***Paid leave plus OBS shift cannot exceed 24 hours for any given day.***

c) For agencies that require their officers to work more than 40, 80 or 160 hours (i.e. 43, 86 or 171) to earn overtime, this grant will pay regular rate for those extra hours after 40, 80 or 160 before the one and one half rate occurs.

2) Grantees will use the pay period to match the Grantee's pay cycle for the employee. That pay period may be a seven-day period, a fourteen-day period, or a twenty-eight day period. For employees on a 7 day pay cycle project overtime is defined as the time worked beyond forty (40) hours of regular duty during this time. For employees on a fourteen-day pay cycle, Project Overtime is defined as the time an employee works on this project during a fourteen-day period beyond eighty (80) hours of regular duty during the same period. For employees on a twenty-eight day pay cycle, Project Overtime is defined as the time an employee works on this project during a twenty-eight day period beyond one-hundred-sixty (160) hours of regular duty during the same period. This grant shall reimburse participating agencies for the cost incurred of their officers at either normal pay or one and a half time of their officer's standard / normal hourly rate. The grant will only reimburse up to the number of hours worked on the grant.

3) Reimbursements for personnel costs will be limited to the number of personnel approved by the Texas Department of Public Safety for each project field operation. Examples of eligible personnel are commissioned peace officers.

a. The Grantee will be reimbursed for actual overtime expenses incurred.

b. ***No "special" or "non-standard" pay rates may be established or adopted to the grant.***

- c. Exempt/salaried employee officials may receive overtime pay if the jurisdiction has a motion entered into the official minutes of their City Council or Commissioners Court saying that they will be paid at the regular project overtime rate of one-and-one-half (1.5) times the employee's regular hourly rate of pay. A suggested motion is listed below:

"It is recommended that the Council/Court approves the payment of overtime hours, as defined by local overtime policy and paid at the one and a half the standard / normal hourly rate plus fringe rate, for employees in lieu of normally received, time hours when working on state sanctioned operations for overtime hours worked. It is understood that no special rates will be established, or reimbursed for this work. These hours will be paid by the City/County but reimbursed by the state at no actual cost to the City/County.

- b. Transportation, lodging, per diem.

- 1) Travel, lodging, and per diem costs will be reimbursed for personnel who work on program activities more than 50 miles from their program duty station.
- 2) Mileage will be reimbursed only for personnel who are required to drive their privately owned vehicles to or from their program duty station. Travel to the field operations area in government vehicles should be claimed as an operating expense. See Operating Expenses below;
- 3) Lodging expense will be reimbursed at the actual cost, not to exceed the state rate in effect at the time the expense was incurred. Copies of lodging receipts must be provided with reimbursement requests;
- 4) Meal expenses will be reimbursed at the actual cost of meals, not to exceed the State rate current at the time of travel. Receipts for all claimed meals must be provided. Meals may not be claimed as expenses if they are provided at no cost by a governmental entity or a volunteer group. Neither tips provided as part of the meal nor alcoholic beverages will be reimbursed.

- c. Operating Expenses.

- 1) The following operating costs incurred during field operations that are part of this program may be reimbursed:
 - a) Mileage for vehicles at the State rate in effect at the time the cost was incurred.
 - b) The cost of fuel and lubricants for vehicles (*if mileage is not claimed*) aircraft, boats, generators, and similar equipment; used during the pay cycle in which the OT is worked. Itemized receipts are required for all and it must be in the OT time period.
 - c) The cost of consumables, such as flashlight and radio batteries, film, flares, and first aid supplies which are used during the operation can be replaced, provided that these items are replaced within the time frame of the operation. Replacement supplies that are purchased outside the timeframe of this operation cannot be reimbursed. The cost of ammunition is not reimbursable. You will have to provide itemized receipts for each consumable claimed.

- d) The cost of minor emergency repairs, such as tire repair or fan belt replacement, to vehicles or equipments being used in program operations, limited to a maximum of \$150 per repair; and,
 - e) Costs for rentals of equipment or services critical to success of the program and that have been pre-approved by the Texas Department of Public Safety.
- 2) Reimbursements for the grantee's operating expenses will be limited to eligible costs for the number and types of vehicles and equipment approved by the Texas Department of Public Safety for use in each program operation during the planning phase.
 - 3) Expenses must be supported by documentation that proves the expense has been incurred or paid.

2. Ineligible Activities and Costs

Grant funds may not be used for the following General activities:

- a. Regular time excluding those jurisdictions that work the 43, 86 or 171 pay cycles.
- b. Administrative, communications, or jail personnel regular or overtime costs,
- c. Augmented personnel,
- d. Officers are not allowed to do administrative duties on overtime.
- e. Backfill costs for personnel participating in these operations;
- f. Meals if they are provided at no cost by a governmental entity or a volunteer group;
- g. Transportation, lodging, per diem or any related costs for participants who attend training developed or conducted using grant funds;
- h. Purchase of vehicles or equipment;
- i. Weapons, ammunition, explosives or military vehicles;
- j. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- k. Food, meals, beverages, or other refreshments unless the expense is for a working event where full participation by participants mandates the provision of food and beverages and the event is not related to amusement and/or social activities in any way;
- l. Lobbying activities;
- m. Postage,
- n. Promotional gifts; and
- o. Any expense or service that is readily available at no cost to the grant project or that is provided by other federal, state, or local funds (supplanting).

3. Period of Availability of Funds

- a. Project must be operated during the grant period specified in the Grant Award.
- b. Minimum award – None.
- c. Maximum award – None.
- d. The LBSP-13 does not require a grantee to provide matching funds.
- e. A grantee may charge to the award only costs resulting from obligations incurred during the period of performance.

4. Financial Requirements

- a. Monthly Financial Reports are required for all LBSP-13 participants. See Section 6 for blank forms and Section 7 for examples of completed forms.
- b. Monthly Financial Reports shall consist of the following:
 - 1) Invoice (Form R-1). The invoice summarizes all personnel, travel, and operational expenses incurred for the reporting period. Complete all blanks. ***The Grant Financial Officer must sign this form.***
 - 2) Individual Time Allocation Report (Form R-2). Complete one form for each employee. This worksheet must be used for reporting LBSP- 13 personnel compensation and benefits. The Grant Performance Officer must sign this form. Some data from this form must be transferred to the Form R-3
 - a) If you have personnel that are on different pay cycles you **MUST** submit separate monthly financial documentation.
 - a. Example: Detectives work on a 14 day cycle and patrolman work on a 28 day cycle; two *separate* monthly financial documentation.
 - 3) Personnel Summary Expenses (Form R-3). This form lists all the employees who participated during the performance period. Transfer employee name and reimbursement amount from each Form R-2. Transfer total to Form R-1.
 - 4) Travel Expenses (Form R-4). List applicable hotel, meal, travel, and mileage expense for each employee. Transfer total to Form R-1.
 - 5) Operational Mileage (Form R-5). List employee name, unit number, and mileage incurred at state rate current at time of expense. Transfer total to Form R-6.
 - 6) Operating Expenses (Form R-6). List the total operational mileage for reporting period on the first line. Itemize other operating expenses on subsequent lines. Transfer total to Form R-1.
 - 7) Operational Mileage Log (Form R-7). This form captures the basic information that is needed for back up on mileage and OT. We highly recommend using this in addition to the required reports.
 - 8) Supporting Documentation. Supporting documentation must include source documents suitable for audit purposes, including but not limited to:
 - a) For personnel expenses: signed copies of the record of hours worked (timesheets), paychecks, payroll rosters, or payroll reports that show the amount of hours worked and amount paid to individuals for which reimbursement is requested;
 - b) For lodging expense: copy of paid hotel or motel bill;
 - c) For mileage expense for vehicles: vehicle use logs or the Daily Report (Form R-7) showing the unit number, operator and passenger (if applicable), dates of use, and daily mileage with start and stop mileage, and operational times.

- d) Other operating expenses: include the itemized receipts & paid invoices that include the date of purchase and describe the items purchased. Receipts or statements that simply state the total paid cannot be accepted.
- e) Submitting documentation should be placed behind individual R2; timesheet, payroll report, daily report/mileage log. IF your payroll reports have more than one person on them they should be placed at the end.

c. Due Dates

Monthly Financial Documentation is due no later than 30 days after the end of the pay cycle that the OT was worked. Documentation not turned in timely will result in non-compliance of the grant. This will result in your grant being terminated.

Monthly Financial Documentation reviews can take a period of up to 6 weeks to review.

d. Documentation Submission

- 1) Submit Monthly Financial Documentation to:

Operation Border Star
C/O Linda Steinhagen
Texas Rangers Division
Texas Department of Public Safety
PO Box 4087
Austin, TX 78773-0600

- 2) If sending Monthly Financial Documentation by courier or overnight service that requires a physical address, use this address:

Operation Border Star
C/O Linda Steinhagen
Texas Rangers Division
Texas Department of Public Safety
6100 Guadalupe St. Bldg. E
Austin, TX 78752-0600

- 3) Or by email to RangerLBSP@dps.texas.gov

- 4) Reviews are done on a date received basis and may take up to 6 weeks to process.

5. Reimbursements

The Texas Department of Public Safety will reimburse the Grantee for eligible expenses incurred in participating in authorized operational activities of this project. Reimbursement will be processed through the Texas Department of Public Safety as authorized by the General Appropriation Act, 82st Legislature, Article V.

6. Advance Payments

- a. Advance payments will be limited to a ONE TIME start up costs. You may request up to one month of funding, calculated by dividing the amount of the award by the number of months in your grant. You will indicate this request on the R-1 and the R-4.
- b. **Advance payments shall be placed in a separate interest bearing account. Grantee shall promptly, but at least quarterly, remit interest earned on advances to the Texas Department of Public Safety. Advances may be reclaimed if the financial requirements of this grant are not met.**

Payable to: Texas Department of Public Safety

Remit to: Operation Border Star
C/O Pamela Webb
Texas Rangers Division
Texas Department of Public Safety
PO Box 4087
Austin, TX 78773-0600

6. Liquidation

A grantee must liquidate all obligations incurred under the award, including remittance of interest earned on advances, not later than 90 days after the end of the funding period. The Texas Department of Public Safety may extend this deadline at the request of the Grantee.

7. Grant Adjustment Notices

The Texas Department of Public Safety will issue a Grant Adjustment Notice to Grantee for the following circumstances:

- a. increase or reduce award amount
- b. grant extension notice
- c. close-out grant award

SECTION 3

GUIDANCE FOR APPLICATIONS

1. APPLICANTS

- a. Program participants must apply to participate in the LBSP-13 by submitting a complete LBSP-13 Application package, which consists of the forms listed below. Information on program requirements is in Section 2. Examples of completed forms are included in Section 7.
- b. Signatures on forms

Specific individuals named on the Designation of Grant Officials must sign many of the LBSP-13 forms listed below.. See the example included in Section 7. These officials include:

1) *Grant Performance Officer*

The Grant Performance Officer is directly responsible for carrying out tasks outlined in the Statement of Work that will be supported by grant funds.

2) *Grant Financial Officer*

This individual should be the chief financial officer of the applicant jurisdiction or organization. This is the person who will be contacted by the Texas Department of Public Safety staff if questions arise regarding financial aspects of the grant. This person will receive LBSP-13 audit findings and reimbursement warrants/direct deposit notices. Findings and notices will be sent to the address indicated on the Form A-2.

3) *Authorized Official or Representative*

An individual who has been authorized by the governing body of the applicant jurisdiction or organization to apply for, accept, or decline grants on behalf of the jurisdiction or organization. For local governments, an authorized official is the County Judge, Mayor, or City Manager – **not the Sheriff or Police Chief.**

c. LBSP-13 Forms

- 1) LBSP-13 Application (Form A-1). An Authorized Official and the Grant Performance Officer must sign the Application. See the example in Section 7.
- 2) Designation of Grant Officials (Form A-2). See the example in Section 7.
- 3) Application for State Assistance (Form A-3). Note that this is a two-sided form that may require entries on the reverse side. Instructions are printed on page 2 of the form. The signature of an Authorized Official must be on this form.
- 4) Financial Cost Estimate (Form A-4). This form is self-explanatory. This form will assist in determining funding levels. Grant financial officer must sign this form.
- 5) Assurances and Certifications (Form A-5). The applicant must assure and certify compliance with any and all applicable state statutes, regulations, policies, guidelines and requirements, including, but not limited to, the Uniform Grant Management Standards

(UGMS); and Title 1, Part 1, Chapter 3 of the Texas Administrative Code, that govern the application, acceptance and use of State funds for this project. In instances where multiple requirements apply to a grantee, the more restrictive requirement applies. Specifically, the applicable requirements of Form A-5 must be certified by signature. The name and title of the Authorized Representative must be entered in the space provided and the form should be signed and dated by the Authorized Representative; see above for a definition of Authorized Representative.

- 6) Statement of Work (SOW) (Form A-6). This form is self explanatory and must be completed to explain how you intend to implement the project objectives.
 - 7) Direct Deposit Authorization Form (Form 74-176). This form is available on the Texas State Comptroller's website. The following link will locate the required direct deposit form. <http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf> . The Grant Financial Officer must sign this form.
 - 8) A copy of your local overtime policy. For our records.
 - 9) Copy of your pay schedule for grant period.
 - 10) **A copy of your certified resolution that states that your city or county is approving the application and acceptance of any LBSP grant funds that the Texas Department of Public Safety, Texas Rangers Division issues for the period of performance of January 1, 2013 through August 31, 2013.**
- d. Submit the complete LBSP-13 Application package ***directly to the Texas Ranger Division, Operations Section not later than December 31, 2012.*** Retain a copy of your submission for use in submitting required Activity and Financial Reports. Mail your LBSP-13 Application to:

Operation Border Star 2013
Texas Ranger Division
Texas Department of Public Safety
CO: ***Brandy Prinz, Grant Coordinator***
PO Box 4087
Austin, TX 78773-0602

If you prefer to overnight the application you can send that to:

6100 Guadalupe St Bldg. E, 1st Floor
Austin, TX 78773-0602

If you prefer to scan and email the application send it to:

brandy.prinz@dps.texas.gov

2. TEXAS RANGER DIVISION

- a. After screening LBSP-13 applications, the Texas Department of Public Safety will notify applicants, typically by e-mail, of any problems with their application and request they resolve them.

- b. When LBSP-13 funding is made available, the Texas Department of Public Safety will notify successful applicants of the amount of the LBSP-13 grant in an award letter.
- c. The award documentation constitutes the operative documents obligating and reserving funds for use by the Grantee in execution of the program or project covered by the award. Such obligation may be terminated without further cause if the Grantee's authorized official fails to properly accept the Grant Award within 45 calendar days of the date upon which the Texas Department of Public Safety issues the Grant Award. The Texas Department of Public Safety may extend this deadline upon written request from the applicant. No funds will be disbursed to the Grantee until the Grantee has properly accepted the grant.
- d. ***To properly accept this award you must have a completed application and return the signed grant award***

SECTION 4

APPLICATION FORMS

1. LBSP- 13 Application (Form A-1)
2. Designation of Grant Officials (Form A-2)
3. Application for State Assistance (Form A-3)
4. Financial Cost Estimate (Form A-4)
- 5) Assurances and Certifications (Form A-5)
- 6) Statement of Work (Form A-6)
- 7) Direct Deposit Authorization Form (Form 74-176)

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP-13) APPLICATION

1. APPLICANT NAME (Jurisdiction):			
2. COUNTY:			
3. TYPE:	<input type="checkbox"/> City Government		
	<input type="checkbox"/> County Government		
4. PAYMENT TYPE:	<input checked="" type="checkbox"/> Reimbursement		
	<input type="checkbox"/> Will you want the ONE TIME advance		
4. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 31, 2013)			
January 1, 2013 – August 31, 2013			
6. CHECKLIST OF APPLICATION ATTACHMENTS:			
(See the Local Border Security Program 2013 (LBSP- 13) Guide for information on completing these forms.)			
<input type="checkbox"/> 1. Designation of Grant Officials (Form A-2).			
<input type="checkbox"/> 2. Application for State Assistance (Form A-3). The Authorized Official must sign this form.			
<input type="checkbox"/> 3. Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form.			
<input type="checkbox"/> 4. Assurances and Certifications (Form A-5). The Authorized Official must sign this form.			
<input type="checkbox"/> 5. Statement of Work (Form A-6)			
<input type="checkbox"/> 6. Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form.			
<input type="checkbox"/> 7. Copy of local overtime policy			
<input type="checkbox"/> 8. Copy of pay schedule during the grant period			
<input type="checkbox"/> 9. Copy of resolution with the verbiage given in Section 3 number 10 of the LBSP Grant Guidance.			
7. CERTIFICATION			
<p>This Application, together with the Local Border Security Program FY2013 (LBSP-13) Guide, constitutes the work plan for the participants listed above. The undersigned agree to comply with all terms, conditions, and statements of work in the Local Border Security Program FY2013 (LBSP-13) Guide.</p> <p>The applicant is also assuring that the county (or counties) in which the applicant is located must have an overall 90% average on reporting adult and juvenile criminal history dispositions to the Texas Department of Public Safety for calendar years 2006 through 2010. This is reported via the Uniform Criminal Report Database (UCR).</p>			
_____ Authorized Official (Original Signature)	_____ Date	_____ Grant Performance Officer (Original Signature)	_____ Date

Page 1 of 1

Form A-1
(11/01)

Mail completed forms and application materials to:

LBSP – 13 Grant Coordinator
 C/O Brandy Prinz, Grant Coordinator
 Texas Rangers Division
 Texas Department of Public Safety
 PO Box 4087
 Austin, TX 78773-0602
 brandy.prinz@dps.texas.gov

**LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP-13)
DESIGNATION OF GRANT OFFICIALS**

GRANT:	LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP-13)
---------------	--

GRANT PERIOD:	
----------------------	--

AGENCY NAME:	
---------------------	--

Grant Performance Officer	(This is typically your Chief or Sheriff)
----------------------------------	--

<i>Name</i>	
<i>Title</i>	
<i>Official Mailing Address</i>	
<i>Daytime Phone Number</i>	
<i>Fax Number</i>	
<i>E-mail Address</i>	

Grant Financial Officer	(This is typically your CFO or County Auditor)
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<i>Name</i>	
<i>Title</i>	
<i>Official Mailing Address</i>	
<i>Daytime Phone Number</i>	
<i>Fax Number</i>	
<i>E-mail Address</i>	

Authorized Official	(This should be the County Judge, Mayor, or City Manager not the Sheriff or Police Chief)
----------------------------	--

<i>Name</i>	
<i>Title</i>	
<i>Official Mailing Address</i>	
<i>Daytime Phone Number</i>	
<i>Fax Number</i>	
<i>E-mail Address</i>	

If at any point during the grant period these POC's change make necessary changes and resubmit this form immediately.

APPLICATION FOR STATE ASSISTANCE

(Instructions on Reverse)

1. NAME OF PROGRAM/ ASSISTANCE: LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP- 13)	2. APPLICANT STATUS: <input type="checkbox"/> City <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> County <input type="checkbox"/> One time Advance
3. START DATE: JANUARY 01, 2013	4. END DATE: AUGUST 31, 2013
5. APPLICANT INFORMATION	
a. Legal Name of Applicant Organization (as it appears on the LSBP- 13 Application/Form A-1):	b. Name & Telephone Number of Grant Performance Officer:
c. Mailing Address:	d. Physical Address (if different from Mailing Address):
6. EMPLOYER IDENTIFICATION NUMBER / TAX ID # _____	
7. ESTIMATED EXPENSES:	
a. Salary & Benefits (from line ___ Form A-4)	
b. Travel Expenses (from line ___ Form A-4)	
c. Operating Expenses (from line ___ Form A-4)	
d. Total Expenses (A + B + C)	
8. CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.	
a. Typed Name of Authorized Official:	
b. Title of Authorized Official:	
c. Original Signature of Authorized Official:	
d. Date Signed:	

INSTRUCTIONS FOR FRONT SIDE OF THIS FORM

1. Except as indicated below, entries are self-explanatory.
2. Item 1: Enter "Local Border Security Program FY13."
3. Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-13 Program Application (Form A-1).
4. Item 7: The data in this section should agree with the information included on the Financial Cost Estimate (Form A-4).
5. Item 8 a, b, & c. This form must be signed by an Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for grants and accept grants and execute agreement and contracts on behalf of the jurisdiction. Authorized Officials are County Judges, Mayors, and many City Managers – **not** Sheriffs or Chiefs of Police.

Form A-3
(11/01)

Page 2 of 2

FINANCIAL COST ESTIMATE

1. NAME OF PROGRAM / ASSISTANCE: Local Border Security Program FY 2013

2. APPLICANT NAME:

3. ESTIMATED MONTHLY EXPENSES:

a. Personnel Estimate

Position	Number of Personnel	Hourly Rate	Overtime Rate (Time and 1/2)	Number of O/T Hours per Person per Day	Number of Days	Salary	FICA 7.65%	Total Salary & Fringe
			\$0.00			\$0.00		\$0.00
			\$0.00			\$0.00		\$0.00
			\$0.00			\$0.00		\$0.00
			\$0.00			\$0.00		\$0.00
			\$0.00			\$0.00		\$0.00
			\$0.00			\$0.00		\$0.00
Total Personnel Estimates								\$0.00

b. Travel & Per Diem Estimate

Position	Number of Personnel	Commercial Travel Costs	Mileage from / to County	Estimated Ave. Daily Miles	Number of Days	Total Mileage Cost	Hotel Rate \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
						\$0.00		\$0.00		\$0.00
						\$0.00		\$0.00		\$0.00
Total Travel & Per Diem Estimate										\$0.00

c. Operational Cost Estimate

Mileage	Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
Fuel Costs				\$0.555	\$0.00
Other Costs					
Total Operational Cost Estimate					\$0.00

FILL IN SHADED FIELDS ONLY

*NOTE: Estimate either for fuel or mileage, not both.

4. NUMBER OF MONTHS IN THE GRANT PERIOD: 8

5. ARE YOU PAID MONTHLY OR BI-MONTHLY:

6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:

7. TOTAL AMOUNT OF APPLICATION

a. Personnel Estimate	\$0.00
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$0.00
Total Expenses	\$0.00

X

8. TYPE OF PAYMENT YOU PREFER: (check one)

Reimbursement

ONE TIME Advance Payment Request

**State of Texas Assurances and Certifications
State Uniform Administrative Requirement for Grants and Cooperative Agreements,
Subpart B, §.14**

Note: Certain of these assurances may not be applicable to your program. If you have any questions, please contact the awarding agency.

NAME OF APPLICANT	GRANT PROGRAM
	Local Border Security Program FY 2013 (LBSP-13)

This form includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for State Assistance.

As the duly authorized representative of the applicant, I hereby certify that the applicant (subgrantee) will comply with the assurances and certifications below.

Typed Name of Authorized Official	Title
Signature of Authorized Official	Date Signed

ASSURANCES

(1) RELATIVES. A subgrantee must comply with Texas Government Code, Chapter 573, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person, who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.

(2) PUBLIC INFORMATION. A subgrantee must insure that all information collected, assembled, or maintained by the applicant relative to a project will be available to the public during normal business hours in compliance with Texas Government Code, Chapter 552, unless otherwise expressly prohibited by law.

(3) OPEN MEETINGS. A subgrantee must comply with Texas Government Code, Chapter 551, which requires all regular, special, or called meetings of governmental bodies to be open to the public, except as otherwise provided by law or specifically permitted in the Texas Constitution.

(4) CHILD SUPPORT PAYMENTS. A subgrantee must comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

(5) HEALTH, HUMAN SERVICES, PUBLIC SAFETY OR LAW ENFORCEMENT AGENCY. If the subgrantee is a health, human services, public safety, or law enforcement agency, it will not contract with or issue a license, certificate, or permit to the owner, operator, or administrator of a facility if the license, permit, or certificate has been revoked by another health and human services agency or public safety or law enforcement agency.

(6) LAW ENFORCEMENT AGENCY. If the subgrantee is a law enforcement agency regulated by Texas Occupations Code, Chapter 1701, it must be in compliance with all rules adopted by the Texas Commission on Law Enforcement Officer Standards and Education pursuant to Chapter 1701, Texas Occupations Code or must provide the grantor agency with a certification from the Texas Commission on Law Enforcement Officer Standards and Education that the agency is in the process of achieving compliance with such rules.

(7) ADMINISTRATION. When incorporated into a grant award or contract, standard assurances contained in the application package become terms or conditions for receipt of grant funds. Administering state agencies and local subrecipients shall maintain an appropriate contract administration system to insure that all terms, conditions, and specifications are met.

(8) SUSPECTED CHILD ABUSE. A subgrantee must comply with the Texas Family Code, Section 261.101, which requires reporting of all suspected cases of child abuse to local law enforcement authorities and to the Texas Department of Child Protective and Regulatory Services. Subgrantees shall also ensure that all program personnel are properly trained and aware of this requirement.

(9) TAXES. Subgrantees will comply with all federal tax laws and are solely responsible for filing all required state and federal tax forms.

(10) COMPLIANCE WITH REQUIREMENTS. Subgrantees will comply with all applicable requirements of all other federal and state laws, executive orders, regulations, and policies governing this program.

(11) INELIGIBLE APPLICANTS. The applicant certifies that it and its principals are eligible to participate and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity and it is not listed on a state or federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

(12) HIV/AIDS. Subgrantees must adopt and implement applicable provisions of the model HIV/AIDS work place guidelines of the Texas Department of Health as required by the Texas Health and Safety Code, Ann., Sec. 85.001, *et seq.*

(13) LEGAL AUTHORITY. The applicant has the legal authority to apply for State assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-state share of project costs) to ensure proper planning, management and completion of the project described in this application.

(14) RECORDS. The applicant will give the awarding agency, the State Comptroller, and if applicable, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

(15) PERSONAL GAIN. The applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.

(16) COMPLETION. The applicant will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

CERTIFICATIONS

1. **DRUG-FREE WORKPLACE** - The applicant certifies that it will provide a drug-free workplace by:
 - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - B. Establish a drug-free awareness program to inform employees about:
 - i. the dangers of drug abuse in the workplace;
 - ii. the applicant's policy of maintaining a drug-free workplace;
 - iii. any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. the penalties that may be imposed upon employees for drug abuse violations.
 - C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - i. abide by the terms of the statement, and
 - ii. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
 - E. Notifying the agency within ten days after receiving notice under subparagraph (d) (ii) from an employee or otherwise receiving actual notice of such conviction.
 - F. Taking one of the following actions with respect to any employee who is so convicted:
 - i. taking appropriate personnel action against such an employee, up to and including termination; or
 - ii. requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
 - G. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. **LOBBYING – The applicant certifies that:**
 - A. It will not use grant funds, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government.
 - B. If any non-grant funds have been or will be used in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government, it will notify the Governor's Division of Emergency Management to obtain the appropriate disclosure form.
 - C. It will include the language of paragraphs A and B of this section in the award documents for all sub-awards at all tiers and will require all sub-recipients to certify accordingly.

Statement of Work (SOW) for LBSP Grant Funds 2013

State Objective of LBSP 2013 Funds

The State of Texas will assist in the execution of coordinated border security operations and facilitate the conduct of sustained interagency law enforcement activities in conjunction with Federal, Local and Tribal agencies to disrupt, deter, interdict, and thereby dominate criminal activity associated with the movement—northbound and southbound—of illicit traffic through the Texas border region and throughout Texas in order to reduce border-related crime, contribute to the reduction of potential acts of terror within Texas and the United States, and increase the security and quality of life of Texans in order to:

- Increase the effectiveness and impact of Steady State and surge operations.
- Increase the amount of field intelligence (BIAR, INT-7, or similar field reporting of gang, cartel, drug, and violence information to the JOIC's and BSOC for overall unified command partner awareness.
- Reduce border-related criminal activity in Texas.
- Implement and increase the effectiveness of operational methods, measures, and techniques for outbound/southbound operations.
- Decrease the supply of drugs smuggled into and through Texas from Mexico.
- Disrupt and deter operations of gang and cartel criminal organizations.
- Decrease specifically targeted tactics (such as conveyance methods) for drugs in the Texas border region.
- Decrease use of specific areas for crime as targeted in directed action missions.
- Increase the effectiveness of air operations mission planning and prioritization.
- Continue to exercise and integrate air-ground team operations to include TMF aviation, CBP Air and Marine, DPS Aircraft Section, and USCG aviation support.
- Based upon intelligence and analysis, increase the effectiveness of directed action missions to ensure they target against and are conducted in high pay off areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels.
- Increase intelligence based operations at Unified Command level through integration of TxMAP, sector specific information, and employment of intelligence analysts.

1). How do you locally plan to ensure that the State Objectives are executed in your area?

2). Explain in detail what strategies/tactics you will use to accomplish these objectives?

For Comptroller's use only		

VENDOR DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Check all appropriate box(es).
- For further instructions, see the back of this form.

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
		<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security number or Federal Employer's Identification (FEI) <input type="checkbox"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input type="checkbox"/>		
	3. Name		4. Business phone number ()		
	5. Mailing address		6. City	7. State	8. ZIP code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	10. Authorized signature	11. Printed name	12. Date

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	13. Financial institution name		14. City	15. State
	16. Routing transit number <input type="checkbox"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES)		18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name (Please print)		20. Title	
	21. Representative signature (Optional)		22. Phone number ()	23. Date

CANCELLATION BY AGENCY

SEC. 5	24. Reason	25. Date
---------------	------------	----------

PAYING STATE AGENCY

SECTION 6	26. Signature		27. Printed name	
	28. Agency name		29. Agency number <input type="checkbox"/>	
	30. Comments		31. Phone number ()	32. Date

Note: A vendor can receive email or fax notifications providing one (1) business day advance notice of the payment posting to the vendor's account. The Advance Payment Notification is available to vendors receiving direct deposit payment(s) from the State of Texas.

To enroll in this free service, complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

Email: claims.pin@cpa.state.tx.us

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate box(es)

- **NEW SETUP** - If payee is not currently on direct deposit with the state.
 - a. Complete Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CANCELLATION** - If payee wishes to stop direct deposit with the state.
 - a. Payee completes Sections 2 & 3.
- **CHANGE FINANCIAL INSTITUTION**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: PAYEE IDENTIFICATION

- Item 1** Leave the boxes blank if you do not have your 11-digit Texas Identification Number. The paying state agency will provide the information in the boxes. Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.
- Item 2** If your 3-digit mail code address identifier is not known, it will be assigned by the paying state agency.

SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

- Items 10, 11 & 12** The individual authorizing must sign, print their name and date the form.

NOTE: No alterations in this section will be allowed.

SECTION 4: FINANCIAL INSTITUTION

Section 4 is recommended to be completed by a financial institution.

NOTE: Alterations to routing, account number and/or type of account must be initialed by the financial institution representative or the payee.

SECTION 5: CANCELLATION BY AGENCY *(State agency use only)*

Sections 5 & 6 to be completed by the paying state agency.

SECTION 6: PAYING STATE AGENCY *(State agency use only)*

Section 6 to be completed by the paying state agency before the form can be processed.

Submit the completed form to a state agency with which you are conducting business. This agency will be designated as your custodial agency. If the direct deposit instructions need to be updated or cancelled, you must contact this agency.

Note: A vendor can receive email or fax notifications providing one (1) business day advance notice of the payment posting to the vendor's account. The Advance Payment Notification is available to vendors receiving direct deposit payment(s) from the State of Texas.

To enroll in this free service, complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

Email: claims.pin@cpa.state.tx.us

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free

SECTION 5

INFORMATIONAL REPORTING FORMS

1. Border Incident and Assessment Report (BIAR)
2. Daily Report (DR)

Border Incident Assessment Report

Date of Incident / /	Time (24HR)	City	County	Incident Location (address & closest cross street)	Case #
Operational Status: <input type="checkbox"/> SS <input type="checkbox"/> E <input type="checkbox"/> DA		Lat _____ Lon _____		Point of Origin:	Destination:
<input type="checkbox"/> ASL- Assault/Assault on Officer	<input type="checkbox"/> FGV-Fugitive Arrested	<input type="checkbox"/> LR- Late Report	<input type="checkbox"/> PUR-Pursuit	<input type="checkbox"/> SVF-Stolen Vehicle Recov'd	
<input type="checkbox"/> BO (D/U)-Bailout	<input type="checkbox"/> GG-Gang Involvement	<input type="checkbox"/> OTR- Other	<input type="checkbox"/> REC/DCY-Scout/Decoy	<input type="checkbox"/> SVR Stolen Vehicle Reprt'd	
<input type="checkbox"/> CRR-Currency Seizure	<input type="checkbox"/> HOM-Homicide	<input type="checkbox"/> PN-POE In Northbound	<input type="checkbox"/> ROB-Robbery/Theft	<input type="checkbox"/> UA/IAR-Referral	
<input type="checkbox"/> DRG-Drug Incident/Seizure	<input type="checkbox"/> KDP-Kidnapping	<input type="checkbox"/> PS-POE Out-Southbound	<input type="checkbox"/> RV/CV-Rental/Clone	<input type="checkbox"/> WPN-E/F Weapon	
Agencies Involved Use narrative section for additional agencies if necessary					
Reporting Agency:		Arresting Agency:		Assisting Agency:	
Officer/Agent Name:		Badge/ID #:		Officer/Agent Name:	
Officer/Agent Name:		Badge/ID #:		Officer/Agent Name:	
Subjects & Charges Use next page for additional subjects if necessary					
Name:		Residence:		DL or Passport # with Issuing State	Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:
Tattoos/Piercings:				DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released
Charges/Notes:					Gang Affiliations:
Name:		Residence:		DL or Passport # with Issuing State	Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:
Tattoos/Piercings:				DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released
Charges/Notes:					Gang Affiliations:
Seizures (Use the quantity field for drugs in pill form.) Use narrative section for additional seizures if necessary					
Drug Type:	Quantity	Wt - lb/kg	Weapon Type, Caliber, Serial #:		
Drug Type:	Quantity	Wt - lb/kg	Weapon Type, Caliber, Serial #:		
Drug Type:	Quantity	Wt - lb/kg	Currency (If multiple national currencies, indicate total for each type)		
Vehicle(s) Involved Use narrative section for additional vehicles if necessary					
Type:	Year:	Make:	Model:	Color:	LP # & State:
VIN#:			<input type="checkbox"/> Stolen <input type="checkbox"/> Clone <input type="checkbox"/> Rental	Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type:	Year:	Make:	Model:	Color:	LP # & State:
VIN#:			<input type="checkbox"/> Stolen <input type="checkbox"/> Clone <input type="checkbox"/> Rental	Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Narrative Use second page for supplemental information if necessary					
Reporting Officer/Agent					
Name:			ID/Badge #:		
Agency:			Contact Phone #:		

JOIC Use Only: EXCEL Roster _____ Map _____ GIS Entry Complete _____ TxMAP Comp _____
 STATS _____ SITREP _____ GIS Event # _____ TxMAP # _____

Border Incident Assessment Report

Supplemental Page

Narrative (cont)

Subject Details: Identify additional subjects – only those arrested or suspected.

Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	
Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	
Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	
Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	
Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	
Name:		Residence:				DL or Passport # with Issuing State		Nationality: <input type="checkbox"/> usc <input type="checkbox"/> LAPR <input type="checkbox"/> IA <input type="checkbox"/> OTM	
Race	Sex	Ht "	Wt lbs	Hair/Eye Color /	Facial Hair:	Tattoos/Piercings:	DOB: / /	<input type="checkbox"/> Arrested <input type="checkbox"/> Detained <input type="checkbox"/> Released	
Charges/Notes:								Gang Affiliations:	

- Notes:**
- Primary Border Star-related incidents are Drugs, Aliens, Weapons, Money, and Stolen Vehicles.
 - Completed BIARs can be emailed (recommended), faxed, or mailed to the JOIC.
 - For significant incidents, please submit incident photos, arrest photos, etc., and specify case number or other identifiers so that photos can be matched to reports.
 - Complete one BIAR per incident. Multiple subjects, vehicles, etc, should be reported on a single BIAR. Page 2 offers additional space for larger incidents.
 - BIAR reports for major incidents, for which a single BIAR 2-page report is insufficient, can be supplemented with internal reports such as arrest reports and detailed officer narratives.

Instructions for the Border Incident and Assessment Report (BIAR)

Participant Incident and Information Reporting. The Border Incident and Assessment Report (BIAR) is the primary incident and information reporting vehicle for all participants in Operation Border Star. As such it is the fundamental source for the common operating picture that drives the success of joint and interagency operations. Because the common operating picture must include all threat activity in the area of operations, participants will report all incidents via BIAR irrespective of whether the reporting officer is in an enhanced, steady state, or directed action status. Participants will ensure each incident BIAR is as complete as possible in answering Who, What, Where, When, Why, How, How Much, and the officer's reason for suspicion. Participants will also report via BIAR any information from interviews of detained persons, to satisfy or partially satisfy Operation Border Star or Texas Homeland Security Information Requirements, as published.

Participants will ensure all BIARs conform to the respective standards outlined in the Operation Border Star Reporting Standards Guide published separately.

Participating organizations will report via BIAR known or suspected computer / network penetration attempts involving any information system used to transmit or store information concerning Operation Border Star.

Participants will email, fax, or hand deliver all BIARs to their supporting JOIC as soon as possible, but not later than 9:00AM daily following each reporting period (midnight to midnight). Participants will relay critical or time-sensitive incident information to their JOIC via telephone, radio, or other rapid means, then follow up by a BIAR.

OPERATION BORDER STAR - LBSP 2012

Daily Report

Date:

Deputy	Badge Number	Unit Number	Shift

Time In	Time Out	Total Hours

Starting Mileage	Ending Mileage	Total Mileage	Rate	Total

Contacts	Searches	Citations Issued	Warnings Issued

Arrest Made	Type of Arrest	Drugs Seized	Amount Seized

Illegal Aliens Apprehended	Agency Assist

Narrative:

Officers Signatures: _____

Supervisor Signature: _____

Daily Report (DR)

Instructions for the Daily Report (DR)

Form is self-explanatory. We suggest that all participating organizations complete these daily for every shift that is worked on the LBSP grant and submit this with their monthly financial reports. This form captures the basic information that is needed for back up on mileage and OT. We highly recommend using this in addition to the required reports.

SECTION 6

FINANCIAL DOCUMENTATION FORMS

1. Invoice (Form R-1)
2. Individual Time Allocation Report (Form R-2)
3. Personnel Summary Expenses (Form R-3)
4. Travel Expenses (Form R-4)
5. Operational Mileage Expenses (Form R-5)
6. Operating Expenses (Form R-6)
7. Daily Mileage Log/Daily Report (Form R-7)

**LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13)
INVOICE**



TO: Texas Department of Public Safety
Texas Ranger Division
ATTN Grant Accountant
P.O. Box 4087
Austin, TX 78773-0600

FROM: _____
Agency Name

Address

City State Zip

Contact Person Phone Number

Federal Tax ID Number: _____

RE: Request for Reimbursement for expenses allowed under grant guidelines while participating in the State Border Security 2012 Program.

GRANT NUMBER: _____ Invoice Number _____
OPERATION: _____
Dates of Reimbursable Expenses: _____
Number of hours in your pay period: _____
Status : Reimbursement _____ Advance _____

THIS REQUEST MUST BE SUBMITTED PER PAY PERIOD

Expense Summary:

Personnel	from Form R-3	
Travel	from Form R-4	
Operating	from Form R-6	
TOTAL		\$ -

By signing below, I am stating all expenses included in this request for reimbursement are allowable under the contract signed by my agency and the Texas Rangers Division I am also authorizing this request to be processed by your agency.

Grant Financial Officer Signature _____ Date _____

Form R-1
(11/01)

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13)

INDIVIDUAL TIME ALLOCATION REPORT

PROGRAM:
Local Border Security Program FY 2013 (LBSP 13)

OPERATION NAME:

OPERATION DATES:

LOCATION:

LAST NAME _____ **FIRST NAME** _____ **(M.I.)** _____ **LAST 4 DIGITS OF SOCIAL SECURITY #** _____

POSITION TITLE: _____

STATUS (check one): Permanent Employee Full Time _____ Temporary Employee _____

ONLY PROGRAM OVERTIME HOURS ARE ELIGIBLE FOR REIMBURSEMENT UNDER THIS PROGRAM. REPORT ALL HOURS FOR VERIFICATION.

Enter days of the week									TOTAL
Dates	1	2	3	4	5	6	7		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS -- NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0	0	0
Dates	8	9	10	11	12	13	14		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS -- NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0	0	0
Dates	15	16	17	18	19	20	21		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS -- NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0	0	0
Dates	22	23	24	25	26	27	28		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS --NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0	0	0
Dates	29	30	31	1	2	3	4		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS --NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0	0	0

Reimbursable Amount (including Fringe Benefits)

PROGRAM OT HOURS	OVERTIME RATE W/O BENEFITS	OVERTIME Cost w/o Benefits	FRINGE BENEFIT % RATE	REIMBURSEMENT AMOUNT
0	/hr	\$0.00	%	\$0.00

Report this amount on form R-3.

CERTIFYING SIGNATURES:

EMPLOYEE: _____

GRANT PERFORMANCE OFFICER: _____

Must include supporting documents (copies of paychecks, official payroll rosters, payroll reports, augmentee agreement.)

Instructions for the Individual Time Allocation Report (Form R-2)

There will need to be an R-2 form for each individual officer. The R-2 will need to be signed by the Grant Performance Officer-the person in charge of the border security program.

When filling out the Time Allocation Report, it is important that you record not only the hours worked on the operation but also **ALL** hours worked in the **entire payroll period**. Use the officer's "Record of Hours Worked" for the pay period you are claiming, which should be signed by the officer and the supervisor. Attach it to the R-2 when complete.

The "Payroll Dates" Block is the date of the invoice is and should be the 7, 14 or 28 day period based on your payroll periods. Enter the first day of the invoice period in the block after the "Enter Days of the Week." The "Payroll Dates" will start with the first day of the invoice period. This form is not based on the calendar month but based on the dates of the invoice. The starting date of the invoice is always the first day in the upper left block.

EXAMPLE:

If your pay period starts on a Tuesday, the 29 day of the month, the first cell should be for the 29th. Excel will automatically reformat the rest of the cells to reflect the correct dates.

Example LOCAL BORDER SECURITY PROGRAM FY08 (LBSP-08)
INDIVIDUAL TIME ALLOCATION REPORT

PROGRAM: Local Border Security Program	LAST NAME: Doe	FIRST NAME: John	(MI): ???	LAST 4 DIGITS OF SOCIAL SECURITY #: ???
OPERATION NAME: State Border Security Program	POSITION TITLE: Officer			
OPERATION DATES: 01/29/08-02/11/08	STATUS (check one): Permanent Employee: Full Time <input checked="" type="checkbox"/> Temporary Employee: <input type="checkbox"/>			
LOCATION: A.F. D. County				

ONLY PROGRAM OVERTIME HOURS ARE ELIGIBLE FOR REIMBURSEMENT UNDER THIS PROGRAM. REPORT ALL HOURS FOR VERIFICATION.

Enter days of the week	TUE	WED	THU	FRI	SAT	SUN	MON	TOTAL
Date	29	30	31	2	2	3	4	
PROGRAM OVERTIME HOURS	8			5		3		16
REGULAR HOURS - NON-PROGRAM RELATED		8	8	8	8	8		40
OTHER (SICK, VACATION, ETC.)								0
TOTAL	8	8	8	13	8	11	0	56

Operation Border Star hours will be entered in the row "program overtime hours" under the date the hours were worked. Attach your jurisdictions Border Star Overtime Report for the hours worked.

All regular duty hours worked for the jurisdiction by employee will go in the row "regular hours-non-program related" under the date the hours were worked. (Timesheets or payroll records need to be provided to verify information entered on form). Do not include any Border Star Hours or pad time off hours.

In the "Other (Sick, Vacation, etc.)" box, enter any paid time off hours.

Towards the bottom of the R-2 report, you must show the total Border Star hours (whether paid overtime or not) does that you are claiming in the "program overtime hours" block, the employees overtime rate (one and a half of their standard rate) without any fringe rate applied, and the fringe rate (%) in area provided.

Reimbursable Amount (including Fringe Benefits)				
PROGRAM OT HOURS	OVERTIME RATE W/O BENEFITS	OVERTIME Cost w/o Benefits	FRINGE BENEFIT % RATE	REIMBURSEMENT AMOUNT
36	\$ 23.00 /hr	\$806.00	24.00%	\$996.20

Report this amount on form R-3

The "Reimbursement Amount" is the amount you are claiming to be reimbursed and is derived by multiplying the "Program OT Hours" by the "Overtime Rate w/o Benefits" by the "Fringe Benefit % Rate."

At the very bottom of the report there is an area for the certifying signature, this must be signed.

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13)

PERSONNEL SUMMARY EXPENSES

Agency Name: _____

Operation Name: _____

Dates: From: _____ To: _____

<u>Employee Name</u>	<u>Personnel Costs Amount from Form R-2 including Fringe Benefits</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____

Total Personnel Expenses **0.00**

Report Total on Form R-1

Form R-3
(11/01)

Instructions for completing the "Personnel Summary Expenses" R-3

1. List each of the employees and the amount to be paid as shown on the form R-2.
2. Use the Payroll Dates as the 28 days for this invoice.
3. Use more than one R-3 form if necessary.
4. At the bottom of the last R-3 form, insert the total for all the individual Personnel Expenses.
5. Transfer this total to the R-1 form.

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13)

TRAVEL EXPENSES

Use this form for travel expenses for personnel who reside more than 50 miles from their duty station. See Reimbursement Guidelines.

Agency Name: _____

Operation Name: _____

Dates: From: _____ To: _____

	<u>Employee Name</u>	<u>Lodging Expense</u>	<u>Meal Expense</u>	<u>Mileage (current state rate)</u>		<u>Total</u>
				\$ <u>0.555</u>	<u>/mile</u> do not enter	
1	_____	_____	_____	_____	0.00	0.00
2	_____	_____	_____	_____	0.00	0.00
3	_____	_____	_____	_____	0.00	0.00
4	_____	_____	_____	_____	0.00	0.00
5	_____	_____	_____	_____	0.00	0.00
6	_____	_____	_____	_____	0.00	0.00
7	_____	_____	_____	_____	0.00	0.00
8	_____	_____	_____	_____	0.00	0.00
9	_____	_____	_____	_____	0.00	0.00
10	_____	_____	_____	_____	0.00	0.00
11	_____	_____	_____	_____	0.00	0.00
12	_____	_____	_____	_____	0.00	0.00
13	_____	_____	_____	_____	0.00	0.00
14	_____	_____	_____	_____	0.00	0.00
15	_____	_____	_____	_____	0.00	0.00
Total Travel Expenses						0.00

Report Total on Form R-1

Must include copy of hotel/motel bill

Form R-4
(11/01)

Instructions for the Travel Expenses R-4.

Use this form for employees that must travel more than 50 miles to arrive at their duty stations to work during Operation Border Star. Enter the employee's name and the amount claimed for lodging and food. The rate paid for lodging and food will be determined by the DPS travel guide.

1. Lodging - Hotel receipts showing a "zero" balance is required. The state will not reimburse extra expenses charged to the room. (movies, etc)
2. Food - If claiming food reimbursement, you must be operating more than 50 miles from your home jurisdiction. Only actual food expenses are reimbursable with receipts, not to exceed the maximum daily rate of \$36.00.
3. Mileage - The mileage to and from the operation is an allowable travel expense. Mileage during the operation is an "Operating Expense." Vehicle logs must be submitted to verify the mileage claimed.

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13)

OPERATIONAL MILEAGE EXPENSES

Agency Name: _____

Operation Name: _____

Dates: From: _____ TO _____

Current State Rate \$0.550 /mi.
Mileage

<u>Employee Name</u>	<u>Unit Number</u>	<u>Mileage</u>	<u>Rate/mi.</u> <small>do not enter</small>	<u>Total</u>
1 _____	_____	_____	0.00	0.00
2 _____	_____	_____	0.00	0.00
3 _____	_____	_____	0.00	0.00
4 _____	_____	_____	0.00	0.00
5 _____	_____	_____	0.00	0.00
6 _____	_____	_____	0.00	0.00
7 _____	_____	_____	0.00	0.00
8 _____	_____	_____	0.00	0.00
9 _____	_____	_____	0.00	0.00
10 _____	_____	_____	0.00	0.00
11 _____	_____	_____	0.00	0.00
12 _____	_____	_____	0.00	0.00
13 _____	_____	_____	0.00	0.00
14 _____	_____	_____	0.00	0.00
15 _____	_____	_____	0.00	0.00

Total Travel Expenses 0.00

Report Total on Form R-6

Must include vehicle use logs showing the unit number, dates of use, and daily mileage.

Form R-5
(11/01)

Instructions for the "Operational Mileage Expenses" R-5

1. Complete the R-5 using the dates that defined the current pay period of the invoice.
2. Vehicle logs must be submitted with the R-5 showing the driver and passenger (if used), vehicle identification, dates of use, and the Operation Border Star mileage to include initial and ending mileage (daily operational mileage). Include itemized receipts and paid invoices if claiming actual costs. The agency may claim either mileage costs or actual expenses, but not both.
3. Transferred the total to form R-6

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP 13) REIMBURSEMENT

OPERATING EXPENSES

Agency Name: _____

Operation Name: _____

Dates: From: _____ To: _____

<u>Date(s) of Expense</u>	<u>Description</u>	<u>Amount</u>
1 _____	<u>Operational Mileage (from Form R-5)</u>	<u>0.00</u>
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____

Total Operating Expenses	0.00
---------------------------------	-------------

Report Total on Form R-1

Must include vehicle use logs showing the unit number, dates of use, and daily mileage, itemized receipts and paid invoices.

May claim either mileage or fuel purchase, but not both.

Form R-6
(11/01)

OPERATION BORDER STAR - LBSP 2012

Daily Report

Date:

Deputy	Badge Number	Unit Number	Shift

Time In	Time Out	Total Hours

Starting Mileage	Ending Mileage	Total Mileage	Rate	Total

Contacts	Searches	Citations Issued	Warnings Issued

Arrest Made	Type of Arrest	Drugs Seized	Amount Seized

Illegal Aliens Apprehended	Agency Assist

Narrative:

Officers Signatures: _____

Supervisor Signature: _____

Instructions for the Daily Report (DR)

Form is self-explanatory. We suggest that all participating organizations complete these daily for every shift that is worked on the LBSP grant and submit this with their monthly financial reports. This form captures the basic information that is needed for back up on mileage and OT. We highly recommend using this in addition to the required reports.

SECTION 7

EXAMPLES OF COMPLETED FORMS

LOCAL BORDER SECURITY PROGRAM FY 2013 (LBSP-13) APPLICATION

1. APPLICANT NAME (Jurisdiction): County or City ABC							
2. COUNTY: County ABC		3. JOIC: El Paso JOIC					
4. TYPE: <input type="checkbox"/> City Government <input checked="" type="checkbox"/> County Government							
5. PAYMENT TYPE: <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Will you want the ONE TIME advance							
6. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 31, 2013) <p style="text-align: center;">January 1, 2013 – August 31, 2013</p>							
7. CHECKLIST OF APPLICATION ATTACHMENTS: (See the Local Border Security Program 2013 (LBSP- 13) Guide for information on completing these forms.) <input checked="" type="checkbox"/> 1. Designation of Grant Officials (Form A-2). <input checked="" type="checkbox"/> 2. Application for State Assistance (Form A-3). The Authorized Official must sign this form. <input checked="" type="checkbox"/> 3. Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> 4. Assurances and Certifications (Form A-5). The Authorized Official must sign this form. <input checked="" type="checkbox"/> 5. Statement of Work (Form A-6) <input checked="" type="checkbox"/> 6. Direct Deposit Authorization Form (Form 74-178). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> 7. Copy of local overtime policy <input checked="" type="checkbox"/> 8. Copy of pay schedule during the grant period <input checked="" type="checkbox"/> 9. Copy of resolution with the verbiage given in Section 3 number 10 of the LBSP Grant Guidance.							
8. CERTIFICATION This Application, together with the Local Border Security Program FY2013 (LBSP-13) Guide, constitutes the work plan for the participants listed above. The undersigned agree to comply with all terms, conditions, and statements of work in the Local Border Security Program FY2013 (LBSP-13) Guide. The applicant is also assuring that the county (or counties) in which the applicant is located must have an overall 90% average on reporting adult and juvenile criminal history dispositions to the Texas Department of Public Safety for calendar years 2006 through 2010. This is reported via the Uniform Criminal Report Database (UCR). <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-top: 1px solid black; border-bottom: 1px solid black;">Authorized Official (Original Signature)</td> <td style="width: 15%; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> <td style="width: 40%; border-top: 1px solid black; border-bottom: 1px solid black;">Grant Performance Officer (Original Signature)</td> <td style="width: 5%; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>				Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature)	Date
Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature)	Date				

Form A-1
(11/01)

Mail completed forms and application materials to:

LBSP – 13 Grant Coordinator
C/O Brandy Prinz, Grant Coordinator
Texas Rangers Division
Texas Department of Public Safety
PO Box 4087
Austin, TX 78773-0602
brandy.prinz@dps.texas.gov

**LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP-13)
DESIGNATION OF GRANT OFFICIALS**

GRANT:	LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP-13)
---------------	--

GRANT PERIOD:	January 1, 2013 – August 31, 2013
----------------------	-----------------------------------

AGENCY NAME:	City of ABC Police Department
---------------------	-------------------------------

Grant Performance Officer (This is typically your Chief or Sheriff)	
Name	123 123
Title	Chief
Official Mailing Address	123 Ave 1 City of, State 12345
Daytime Phone Number	(XXX) XXX-XXXX
Fax Number	(XXX) XXX-XXXX
E-mail Address	johndoe@ADC.gov

Grant Financial Officer (This is typically your County Auditor or Treasurer)	
Name	123 123
Title	County Auditor
Official Mailing Address	123 Ave 1 City of, State 12345
Daytime Phone Number	(XXX) XXX-XXXX
Fax Number	(XXX) XXX-XXXX
E-mail Address	santaclaus@county.gov

Authorized Official (This should be the County Judge, Mayor, or City Manager not the Sheriff or Police Chief)	
Name	123 123
Title	County Judge
Official Mailing Address	132 Ave 3 City of, State 12345
Daytime Phone Number	(XXX) XXX-XXXX
Fax Number	(XXX) XXX-XXXX
E-mail Address	123@gov

If at any point during the grant period these POC's change make necessary changes and resubmit this form immediately.

APPLICATION FOR STATE ASSISTANCE

(Instructions on Reverse)

1. NAME OF PROGRAM/ ASSISTANCE: LOCAL BORDER SECURITY PROGRAM FY2013 (LBSP- 13)	2. APPLICANT STATUS: <input type="checkbox"/> City <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> County <input type="checkbox"/> One time Advance
3. START DATE: JANUARY 01, 2013	4. END DATE: AUGUST 31, 2013
5. APPLICANT INFORMATION	
a. Legal Name of Applicant Organization (as it appears on the LSBP- 13 Application/Form A-1): City of ABC	b. Name & Telephone Number of Grant Performance Officer: Chief ABC (XXX) XXX XXXX
c. Mailing Address:	d. Physical Address (if different from Mailing Address):
6. EMPLOYER IDENTIFICATION NUMBER / TAX ID # If you do not supply this number we CANNOT award you ANY grant funds	
7. ESTIMATED EXPENSES:	
a. Salary & Benefits (from line ___ Form A-4)	
b. Travel Expenses (from line ___ Form A-4)	
c. Operating Expenses (from line ___ Form A-4)	
d. Total Expenses (A + B + C)	
8. CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.	
a. Typed Name of Authorized Official:	
b. Title of Authorized Official:	
c. Original Signature of Authorized Official:	
d. Date Signed:	

INSTRUCTIONS FOR FRONT SIDE OF THIS FORM

1. Except as indicated below, entries are self-explanatory.
2. Item 1: Enter "Local Border Security Program FY13.
3. Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-13 Program Application (Form A-1).
4. Item 7: The data in this section should agree with the information included on the Financial Cost Estimate (Form A-4).
5. Item 8 a, b, & c. This form must be signed by an Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for grants and accept grants and execute agreement and contracts on behalf of the jurisdiction. Authorized Officials are County Judges, Mayors, and many City Managers – **not** Sheriffs or Chiefs of Police.

FINANCIAL COST ESTIMATE

1. NAME OF PROGRAM / ASSISTANCE:

Local Border Security Program FY 2013

2. APPLICANT NAME:

City of ABCD

3. ESTIMATED MONTHLY EXPENSES:

a. Personnel Estimate

Position	Number of Personnel	Hourly Rate	Overtime Rate (Time and 1/2)	Number of O/T Hours per Person per Day	Number of Days	Salary	FICA 7.65%	Total Salary & Fringe
Deputy	2	\$10.00	\$15.00	4	2	\$240.00	\$18.36	\$258.36
			\$0.00			\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00
Total Personnel Estimates								\$258.36

b. Travel & Per Diem Estimate

Position	Number of Personnel	Commercial Travel Costs	Mileage from / County	Estimated Day Mileage	Hotel Rate \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
Total Travel & Per Diem Estimate								\$0.00

c. Operational Cost Estimate

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
2	50	4	\$0.555	\$222.00
Total Operational Cost Estimate				\$222.00

FILL IN SHADED FIELDS ONLY

*NOTE: Estimate either for fuel or mileage, not both.

4. NUMBER OF MONTHS IN THE GRANT PERIOD:

5. ARE YOU PAID MONTHLY OR BI-MONTHLY:

6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:

7. TOTAL AMOUNT OF APPLICATION

	Total Grant
a. Personnel Estimate	\$2,066.88
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$1,776.00
Total Expenses	\$3,842.88

8. TYPE OF PAYMENT YOU PREFER: (check one)

Reimbursement ONE TIME Advance Payment Request

Signature of Grant Official

**State of Texas Assurances and Certifications
State Uniform Administrative Requirement for Grants and Cooperative Agreements,
Subpart B, § .14**

Note: Certain of these assurances may not be applicable to your program. If you have any questions, please contact the awarding agency.

NAME OF APPLICANT	GRANT PROGRAM
City of ABC	Local Border Security Program FY 2013 (LBSP-13)

This form includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for State Assistance.

As the duly authorized representative of the applicant, I hereby certify that the applicant (subgrantee) will comply with the assurances and certifications below.

First and Last name	Mayor
Typed Name of Authorized Official	Title
Signature of Authorized Official	Date Signed

ASSURANCES

(1) RELATIVES. A subgrantee must comply with Texas Government Code, Chapter 573, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person, who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.

(2) PUBLIC INFORMATION. A subgrantee must insure that all information collected, assembled, or maintained by the applicant relative to a project will be available to the public during normal business hours in compliance with Texas Government Code, Chapter 552, unless otherwise expressly prohibited by law.

(3) OPEN MEETINGS. A subgrantee must comply with Texas Government Code, Chapter 551, which requires all regular, special, or called meetings of governmental bodies to be open to the public, except as otherwise provided by law or specifically permitted in the Texas Constitution.

(4) CHILD SUPPORT PAYMENTS. A subgrantee must comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

(5) HEALTH, HUMAN SERVICES, PUBLIC SAFETY OR LAW ENFORCEMENT AGENCY. If the subgrantee is a health, human services, public safety, or law enforcement agency, it will not contract with or issue a license, certificate, or permit to the owner, operator, or administrator of a facility if the license, permit, or certificate has been revoked by another health and human services agency or public safety or law enforcement agency.

(6) LAW ENFORCEMENT AGENCY. If the subgrantee is a law enforcement agency regulated by Texas Occupations Code, Chapter 1701, it must be in compliance with all rules adopted by the Texas Commission on Law Enforcement Officer Standards and Education pursuant to Chapter 1701, Texas Occupations Code or must provide the grantor agency with a certification from the Texas Commission on Law Enforcement Officer Standards and Education that the agency is in the process of achieving compliance with such rules.

(7) ADMINISTRATION. When incorporated into a grant award or contract, standard assurances contained in the application package become terms or conditions for receipt of grant funds. Administering state agencies and local subrecipients shall maintain an appropriate contract administration system to insure that all terms, conditions, and specifications are met.

(8) SUSPECTED CHILD ABUSE. A subgrantee must comply with the Texas Family Code, Section 261.101, which requires reporting of all suspected cases of child abuse to local law enforcement authorities and to the Texas Department of Child Protective and Regulatory Services. Subgrantees shall also ensure that all program personnel are properly trained and aware of this requirement.

(9) TAXES. Subgrantees will comply with all federal tax laws and are solely responsible for filing all required state and federal tax forms.

(10) COMPLIANCE WITH REQUIREMENTS. Subgrantees will comply with all applicable requirements of all other federal and state laws, executive orders, regulations, and policies governing this program.

(11) INELIGIBLE APPLICANTS. The applicant certifies that it and its principals are eligible to participate and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity and it is not listed on a state or federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

(12) HIV/AIDS. Subgrantees must adopt and implement applicable provisions of the model HIV/AIDS work place guidelines of the Texas Department of Health as required by the Texas Health and Safety Code, Ann., Sec. 85.001, *et seq.*

(13) LEGAL AUTHORITY. The applicant has the legal authority to apply for State assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-state share of project costs) to ensure proper planning, management and completion of the project described in this application.

(14) RECORDS. The applicant will give the awarding agency, the State Comptroller, and if applicable, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

(15) PERSONAL GAIN. The applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.

(16) COMPLETION. The applicant will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

CERTIFICATIONS

1. **DRUG-FREE WORKPLACE** - The applicant certifies that it will provide a drug-free workplace by:
 - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - B. Establish a drug-free awareness program to inform employees about:
 - i. the dangers of drug abuse in the workplace;
 - ii. the applicant's policy of maintaining a drug-free workplace;
 - iii. any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. the penalties that may be imposed upon employees for drug abuse violations.
 - C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - i. abide by the terms of the statement, and
 - ii. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
 - E. Notifying the agency within ten days after receiving notice under subparagraph (d) (ii) from an employee or otherwise receiving actual notice of such conviction.
 - F. Taking one of the following actions with respect to any employee who is so convicted:
 - i. taking appropriate personnel action against such an employee, up to and including termination; or
 - ii. requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
 - G. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. **LOBBYING – The applicant certifies that:**
 - A. It will not use grant funds, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government.
 - B. If any non-grant funds have been or will be used in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government, it will notify the Governor's Division of Emergency Management to obtain the appropriate disclosure form.
 - C. It will include the language of paragraphs A and B of this section in the award documents for all sub-awards at all tiers and will require all sub-recipients to certify accordingly.

Statement of Work (SOW) for LBSP Grant Funds 2013

State Objective of LBSP 2013 Funds

The State of Texas will assist in the execution of coordinated border security operations and facilitate the conduct of sustained interagency law enforcement activities in conjunction with Federal, Local and Tribal agencies to disrupt, deter, interdict, and thereby dominate criminal activity associated with the movement—northbound and southbound—of illicit traffic through the Texas border region and throughout Texas in order to reduce border-related crime, contribute to the reduction of potential acts of terror within Texas and the United States, and increase the security and quality of life of Texans in order to:

- Increase the effectiveness and impact of Steady State and surge operations.
- Increase the amount of field intelligence (BIAR, INT-7, or similar field reporting of gang, cartel, drug, and violence information to the JOIC's and BSOC for overall unified command partner awareness.
- Reduce border-related criminal activity in Texas.
- Implement and increase the effectiveness of operational methods, measures, and techniques for outbound/southbound operations.
- Decrease the supply of drugs smuggled into and through Texas from Mexico.
- Disrupt and deter operations of gang and cartel criminal organizations.
- Decrease specifically targeted tactics (such as conveyance methods) for drugs in the Texas border region.
- Decrease use of specific areas for crime as targeted in directed action missions.
- Increase the effectiveness of air operations, mission planning and prioritization.
- Continue to exercise and integrate air-ground team operations to include TMF aviation, CBP Air and Marine, DPS Aircraft Section, and USCG aviation support.
- Based upon intelligence and analysis, increase the effectiveness of directed action missions to ensure they target against and are conducted in high pay off areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels.
- Increase intelligence based operations at Unified Command level through integration of TxMAP, sector specific information, and employment of intelligence analysts.

1). How do you locally plan to ensure that the State Objectives are executed in your area?

- Enhance targeted patrol, based on intelligence-driven data to address prioritized border related criminal activity.
- Saturation of significant border crime areas with increased enforcement.
- Enhance information sharing and combine operations with LE partners to maximize effectiveness.
- Increased emphasis on multiagency border operations.

2). Explain in detail what strategies/tactics you will use to accomplish these objectives?

- Increased participation in UC meetings and teleconferences while proactively providing information related to the border (investigations including but not limited to narcotics, weapons, human trafficking, & currency violations), arrests, intelligence, gang activity, acts of violence, pursuits, bailouts, trends and patterns of border-related criminal activity, etc)
- Increase the number of field intel reports (BIARs or equivalent) to the JOIC for situational awareness, including collected photos from traffic stops, investigations, house calls, significant field interviews, arrests, etc. This includes all operations whether directed, enhanced or steady state and furnish the reports in a timely manner regardless of the funding source.
- Coordinate with JOICs when planning enhanced or directed patrol functions (southbound operations, integration into planned operations such as Unified Alliance, Knockdown, Firestone, etc) to best maximize patrol based assets from multiple agencies and strengthen border efforts.

SECTION 8
RESOURCES

State of Texas Mileage Guide

<http://www.window.state.tx.us/comptrol/texastra.html>

Texas Ranger Division

<http://www.txdps.state.tx.us/TexasRangers/index.htm>

Uniform Grant Management Standards

<http://www.governor.state.tx.us/divisions/stategrants/guidelines/files/UGMS062004.doc>

SECTION 9

**TEXAS RANGER DIVISION
POINTS OF CONTACT**

LSBP-2013 Program Manager	Financial Reporting
Kirby Dendy Assistant Director Texas Ranger Division	Linda Steinhagen Grant Accountant Texas Rangers
6100 Guadalupe St., Bldg. E – 3 rd Floor Austin, TX 78752-0600	6100 Guadalupe St., Bldg. E – Basement Austin, TX 78752-0600
PO Box 4087	PO Box 4087
Austin, TX 78773-0600	Austin, TX 78773-0600
Phone: (512) 424-5607	Phone: (512) 424-6165
Fax: (512) 424-2857	Fax: (512) 424-2857
email: Kirby.Dendy@dps.texas.gov	email: Linda.Steinhagen@dps.texas.gov
Border Security Operations Center (BSOC)	Grants & Contracts Administrator
Texas Department of Public Safety Border Security Operations Center (BSOC) Texas Ranger Division	Brandy Prinz Grant Coordinator Texas Rangers
6100 Guadalupe St., Bldg E, Rm 108	6100 Guadalupe St., Bldg. E – 1 st Floor
BSCO Mail Stop Code: 0602	Austin, TX 78752-0602
6100 Guadalupe St., Bldg. E – 1 st Floor	PO Box 4087
Austin, TX 78752-0602	Austin, TX 78773-0602
Phone: (512) 424-7033	Phone: (512) 424-7335
Fax: (512) 424-7041	Fax: (512) 424-7041
email: tbsoc@dps.texas.gov	email: brandy.prinz@dps.texas.gov
Marfa Sector (Marfa) JOIC	Coastal Bend Sector (Victoria) JOIC
email: joic.marfa@dps.texas.gov	email: joic.victoria@dps.texas.gov
Phone: (432) 729-4506	Phone: (361) 485-8500
Fax: (432) 729-4901	Fax: (361) 579-6883
Del Rio Sector JOIC	El Paso Sector JOIC
email: joic.delrio@dps.texas.gov	email: joic.elpaso@dps.texas.gov
Phone: (830) 778-7837	Phone: (915) 680-6500
Fax: (830) 778-7041	Fax: (915) 680-6574
Laredo Sector JOIC	Rio Grande Valley Sector (McAllen) JOIC
email: joic.laredo@dps.texas.gov	email: joic.mcallen@dps.texas.gov
Phone: (956) 764-3181	Phone: (956) 289-5727
Fax: (956) 764-3184	Fax: (956) 289-5820