

FINANCIAL COST ESTIMATE

Local Border Security Program FY 2013

1. NAME OF PROGRAM / ASSISTANCE:

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
Supervisor	1	\$25.93	\$38.90	6	3	\$700.11	\$53.56	\$753.67
Supervisor	1	\$23.57	\$35.36	6	3	\$636.39	\$48.68	\$685.07
Sr. Deputy	2	\$22.95	\$34.43	6	3	\$1,239.30	\$94.81	\$1,334.11
Sr. Deputy	2	\$21.43	\$32.15	6	3	\$1,157.22	\$88.53	\$1,245.75
Sr. Deputy	1	\$20.70	\$31.05	6	3	\$558.90	\$42.76	\$601.66
Deputy	2	\$19.48	\$29.22	6	3	\$1,051.92	\$80.47	\$1,132.39
Deputy	1	\$18.82	\$28.23	6	3	\$508.14	\$38.87	\$547.01
<b>Total Personnel Estimates</b>								<b>\$6,299.66</b>

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
<b>Total Travel &amp; Per Diem Estimate</b>						<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

c. Operational Cost Estimate

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
10	102.12	3	\$0.555	\$1,700.30
<b>Total Operational Cost Estimate</b>				<b>\$1,700.30</b>

Mileage  
Fuel Costs  
Other Costs

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

FILL IN SHADED FIELDS ONLY

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

a. Personnel Estimate	Total Grant
b. Travel & Per Diem Estimate	\$31,498.28
c. Operational Cost Estimate	\$0.00
<b>Total Expenses</b>	<b>\$8,507.49</b>
	<b>\$39,999.77</b>

X

Signature of Grant Official

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

Reimbursement

ONE TIME Advance Payment Request