

**LOCAL BORDER SECURITY PROGRAM FY 2014 (LBSP-14)
APPLICATION**

1. APPLICANT NAME (Jurisdiction): Hidalgo County Constable Precinct 2 Martin Cantu			
2. COUNTY: Hidalgo			
3. TYPE: <input type="checkbox"/> City Government <input checked="" type="checkbox"/> County Government			
3. PAYMENT TYPE: <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> One-Time Advance Payment			
4. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 31, 2014) <p align="center">01-17-2014 through 08-31-2014</p>			
6. CHECKLIST OF APPLICATION ATTACHMENTS: (See the Local Border Security Program 2014 (LBSP- 14) Guide for information about these forms.)			
<input checked="" type="checkbox"/> Designation of Grant Officials (Form A-2). <input checked="" type="checkbox"/> Application for State Assistance (Form A-3). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Assurances and Certifications (Form A-5). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Statement of Work (Form A-6) <input type="checkbox"/> Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form. <input type="checkbox"/> Copy of local overtime policy. <input type="checkbox"/> Copy of pay schedule during the grant period.			
7. CERTIFICATION			
<p>I certify, by signing this document that the information provided within is accurate, and that I have the legal authority to apply for State assistance. I also understand that this serves as a request for consideration for grant funding and that applying does not guarantee an award will be received. This Application, together with the Local Border Security Program FY2014 (LBSP-14) Guide, constitutes the work plan for the Applicant listed above. If funded the undersigned will be required to agree to and comply with all terms, conditions, and statements of work for the Local Border Security Program FY 2014 (LBSP-14).</p>			
<hr/> Authorized Official (Original Signature)	<hr/> Date	<hr/> Grant Performance Officer (Original Signature)	<hr/> Date

Form A-1
(10/13)

Page: 1 of 1

Email* or Mail completed forms and application materials to:

Texas Homeland Security
State Administrative Agency
ATTN: LBSP
1033 La Posada, Ste. 160
Austin, TX 78752

SAA-LBSP@dps.texas.gov

*Note: Email submission is preferred. Applications must be received by the THSSAA by 5PM CDT on December 13, 2013

**LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)
DESIGNATION OF GRANT OFFICIALS**

GRANT:	LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)
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GRANT PERIOD:	January 17, 2014 – August 31, 2014
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AGENCY NAME:	Hidalgo County Constable Precinct 2 Martin Cantu
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Grant Performance Officer (This is typically your Chief or Sheriff)	
<i>Name</i>	Armando Campos
<i>Title</i>	Chief Deputy
<i>Official Mailing Address</i>	300 W. Hall Acres Rd Ste E Pharr, Texas 78577
<i>Daytime Phone Number</i>	(956) 784-3510
<i>Fax Number</i>	(956) 784-8786
<i>E-mail Address</i>	<u>armando.campos@co.hidalgo.tx.us</u>

Grant Financial Officer (This is typically your CFO or County Auditor)	
<i>Name</i>	Raymundo Eufrazio
<i>Title</i>	Hidalgo County Auditor
<i>Official Mailing Address</i>	2808 S. Business Hwy 281 Edinburg, Texas 78539
<i>Daytime Phone Number</i>	(956)318-2511
<i>Fax Number</i>	(956) 318-2577
<i>E-mail Address</i>	<u>ray.eufrazio@auditor.co.hidalgo.tx.us</u>

Authorized Official (This must be the County Judge, Mayor, or City Manager*)	
*Note: If someone else is authorized to apply for and accept grant funds for the Jurisdiction, a letter from the governing body indicating such Signature Delegation should be attached with the Application.	
<i>Name</i>	Ramon Garcia
<i>Title</i>	County Judge
<i>Official Mailing Address</i>	302 W. University Dr. Edinburg, Texas 78539
<i>Daytime Phone Number</i>	(956) 318-2600
<i>Fax Number</i>	(956) 318-2699
<i>E-mail Address</i>	<u>countyjudge@co.hidalgo.tx.us</u>

If at any point during the grant period these POC's change, make necessary changes and resubmit this form immediately to SAA-LBSP@dps.texas.gov .

APPLICATION FOR STATE ASSISTANCE

1. NAME OF PROGRAM/ ASSISTANCE: LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP- 14)	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 17, 2014	4. END DATE: AUGUST 31, 2014
5. APPLICANT INFORMATION	
a. Legal Name of Applicant Organization (as it appears on the LSBP- 14 Application/Form A-1): Hidalgo County Constable Precinct 2 Martin Cantu	b. Name & Telephone Number of Grant Performance Officer: Hidalgo County Constable Precinct 2 (956) 784-3510
c. Mailing Address: 300 W. Hall Acres Rd. Ste. E Pharr, Texas 78577	d. Physical Address (if different from Mailing Address):
6. EMPLOYER IDENTIFICATION NUMBER / TAX ID # 74-6000-717	
7. ESTIMATED EXPENSES:	
a. Salary & Benefits (from line ____ Form A-4)	32,919.33
b. Travel Expenses (from line ____ Form A-4)	
c. Operating Expenses (from line ____ Form A-4)	
d. Total Expenses (A + B + C)	32,919.33
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 THIS FORM

Item 2: Indicate whether the applicant is a City or a County and whether the Jurisdiction will request a one-time advance if funded.

Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-14 Program Application (Form A-1).

Item 6: This 9-digit number should match the number on your Form 74-176. If you do not supply this number we CANNOT award you any grant funds.

Item 7: The data in this section should match the information included on the Financial Cost Estimate (Form A-4).

Item 8: This form must be signed by the Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for and accept grants.

FINANCIAL COST ESTIMATE

1. NAME OF PROGRAM / ASSISTANCE: Local Border Security Program FY 2014

2. APPLICANT NAME: Hidalgo County Constable Pct.

3. ESTIMATED MONTHLY EXPENSES:

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
Sr. Deputy	1	\$22.94	\$34.41	5	4	\$688.20	\$52.65	\$740.85
Sr. Deputy	1	\$20.69	\$31.04	5	4	\$620.70	\$47.48	\$668.18
Deputy Cons	1	\$19.47	\$29.21	5	4	\$584.10	\$44.68	\$628.78
Deputy Cons	1	\$18.81	\$28.22	5	4	\$564.30	\$43.17	\$607.47
Deputy Cons	1	\$18.01	\$27.02	5	4	\$540.30	\$41.33	\$581.63
			\$0.00			\$0.00	\$0.00	\$0.00
Total Personnel Estimates								\$3,226.92

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

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
5	80	4	\$0.555	\$888.00
Total Operational Cost Estimate				\$888.00

*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: BI-Monthly

6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD: 80

FILL IN SHADED FIELDS ONLY

7. TOTAL AMOUNT OF APPLICATION		Total Grant
a. Personnel Estimate		\$25,815.33
b. Travel & Per Diem Estimate		\$0.00
c. Operational Cost Estimate		\$7,104.00
Total Expenses		\$32,919.33

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
	Local Border Security Program FY 2014 (LBSP-14)

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 THSSAA 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 2014

State Objective of LBSP 2014 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 and quality field intelligence (BIAR, INT-7, or similar field reporting of gang, cartel, drug activity, and border violence, terrorism, and other criminal activity 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.
- Target and decrease the use of 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 specific organizations and areas as identified through intelligence and apprehensions in known geographical areas and on organizations operating in these areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels based on quality information available.
- 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?