

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

DEPARTMENT HEAD SIGNATURE

DATE

*Just*

02/21/2014

Note: Expenses relating to Health Insurance, Life Insurance, Workers comp., Retirement and Unemployment comp. assigned to the overtime hours are to be charged to the Constable Pct.1 Budget (Account # 4-1100-421-00-291-001-0-XXX).

Funding period is February 12, 2014 to August 31, 2014.

REASON: To appropriate budget for Local Border Security Program FY 2014 to fund Overtime & FICA

4-1284-334-10-291-080-4-000

CONST PCT1 LBSP-REVENUES

(LBSP-14)

46,000.00

TOTAL REVENUES

46,000.00

TOTAL APPROPRIATIONS

46,000.00

INCREASE OBJECT NUMBER(S)	ACCOUNT OBJECT NAME	AMOUNT
4-1284-421-00-291-080-4-131	Const Pct 1 LBSP-OVERTIME PAY	42,481.00
4-1284-421-00-291-080-4-220	Const Pct 1 LBSP-FICA	3,519.00

I would like to request the following Amendments (increases) to my budget in accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioners' Court of Hidalgo County:

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

ACCOUNT NUMBER:

4-1284-421-00-291-080-4-XXX

DEPARTMENT NAME:

Local Border Security Program FY2014(LBSP-14)

DEPARTMENT HEAD:

Constable Pct.1 Celestino Avila Jr.

DATE:

February 21, 2014

**FINANCIAL COST ESTIMATE**

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

**2. APPLICANT NAME:** Hidalgo County Constable Pct. 1

**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 1	8	\$18.81	\$28.22	6	3	\$4,063.68	\$310.87	\$4,374.55
Deputy 2	1	\$19.47	\$29.21	5.88	3	\$515.26	\$39.42	\$554.68
Sr. Deputy 4	2	\$22.94	\$34.41	6	3	\$1,238.76	\$94.77	\$1,333.53
Sgt.3	1	\$24.39	\$36.59	6	3	\$658.62	\$50.38	\$709.00
Chief 1	1	\$23.90	\$35.85	6	3	\$645.30	\$49.37	\$694.67
<b>Total Personnel Estimates</b>								<b>\$7,666.43</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		\$0.00
<b>Total Travel &amp; Per Diem Estimate</b>										<b>\$0.00</b>

c. Operational Cost Estimate

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
			\$0.565	\$0.000
<b>Total Operational Cost Estimate</b>				<b>\$0.00</b>

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

**FILL IN SHADED FIELDS ONLY**

**4. NUMBER OF MONTHS IN THE GRANT PERIOD:** 6

**5. ARE YOU PAID MONTHLY OR BI-MONTHLY:** BI-MONTHLY

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

**7. TOTAL AMOUNT OF APPLICATION**

a. Personnel Estimate	\$45,998.58
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$0.00
<b>Total Expenses</b>	<b>\$45,998.58</b>

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

Reimbursement  ONE TIME Advance Payment Request

Signature of Grant Official