



State Administrative Agency Extension Request Form

EXTENSION INFORMATION

(Please complete all fields below and provide detail information)

Date: 02/18/14 Agency/Jurisdiction: Hidalgo County Region / UASI: Lower Rio Grande Valley COG
Requestor's Information Name: Ramon Garcia Phone #: 956-318-2600 Email: countyjudge@co.hidalgo.tx.us

Grant Information:
Grant Year: 2012 Grant: OPSG
Award Amount: \$2,099,806.96
Amt. Invoiced: \$780,676.28
(Submitted to SAA)
Amt. Uncommitted: \$1,238,756.00

Project Information:
Please provide the following project information for requested grant & grant year:

Total # of projects sub-grantee is responsible for: 1
Total # of projects completed: 0
List projects included in this extension: If ALL, check box
(Please use SPARS titles)
1. Operation Stonegarden 2012
2. _____
3. _____
4. _____
5. _____
6. _____

Performance Period:
Current End Date: Feb 28, 2014
Requested End Date: May 31, 2014

Justification for Extension: (Please be project specific)

Hidalgo County is requesting a no-cost extension on the Operation Stonegarden 2012 grant. The purpose for this extension is for the continuation and support of working collaboratively with the 18 participating agencies on achieving and sustaining the goals and objectives set forth within the Stonegarden mission statement. This extension will provide all participating agencies ample time needed to exhaust their awarded funds, submit appropriate reimbursement documents and execute their original spending plans by the scheduled deadline of May 31, 2014. This approval will allow the Hidalgo County Sheriff's Office and participating agencies to remain consistent with the overall strategic plan and objectives associated with Operation Stonegarden.

Date _____ Printed Name (Director/Authorized Official) _____ Signature (Director/Authorized Official) _____

Regional or UASI POC Use Only
POC Name: _____ Date Received: _____
Notes or Comments:
 APPROVED
 DENIED

Date _____ Printed Name (Regional POC/UASI POC) _____ Signature (Regional POC/UASI POC) _____
NOTE: Save a copy of this form for your records.

SAA USE ONLY

STEP 1 - Grant Coordinator Review APPROVED DENIED
Date Received _____ GC Initials _____ BA Initials _____ Lead Initials _____ Spvr Initials _____
Notes or Comments:

STEP 2 - Management Review APPROVED DENIED
Dep. Adm. Initials _____ Signature - Deputy Assistant Director _____ Date _____
Notes or Comments: