

**FINANCIAL COST ESTIMATE**

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

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

**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	
Sr. Deputy	1	\$22.94	\$34.41	3	3	\$309.69	\$23.69	\$333.38	
Sr. Deputy	1	\$20.69	\$31.04	3	3	\$279.32	\$21.37	\$300.68	
Deputy Constable	1	\$19.47	\$29.21	3	3	\$262.85	\$20.11	\$282.95	
Deputy Constable	1	\$18.81	\$28.22	3	3	\$253.94	\$19.43	\$273.36	
Deputy Constable	1	\$18.01	\$27.02	3	3	\$243.14	\$18.60	\$261.73	
			\$0.00			\$0.00	\$0.00	\$0.00	
<b>Total Personnel Estimates</b>							103.19	\$1,348.92	\$1,452.11

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>						\$0.00		\$0.00		\$0.00

c. *Operational Cost Estimate*

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
3	85	3	\$0.560	\$428.40
<b>Total Operational Cost Estimate</b>				\$428.40

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

**FILL IN SHADED FIELDS ONLY**

**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

**7. TOTAL AMOUNT OF APPLICATION**

a. Personnel Estimate	\$11,616.90
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$3,383.10
<b>Total Expenses</b>	<b>\$15,000.00</b>
<b>Total Grant</b>	<b>\$11,616.90</b>

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

Reimbursement  X  ONE TIME Advance Payment Request

Signature of Grant Official