

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

1. APPLICANT NAME (Jurisdiction):	Hidalgo County Sheriff's Office		
2. COUNTY:	Hidalgo County		
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)			
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 checked="" type="checkbox"/> Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Copy of local overtime policy. <input checked="" 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>		
	_____	_____	_____
	Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature) Date

Form A-1
(10/13)

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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 Sheriff's Office
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Grant Performance Officer (This is typically your Chief or Sheriff)	
Name	J.E. "Eddie" Guerra
Title	Hidalgo County Sheriff
Official Mailing Address	P.O. Box 1228 Edinburg, TX 78542
Daytime Phone Number	(956)383-8114
Fax Number	(956)393-6179
E-mail Address	Sheriff.guerra@hidalgoso.org

Grant Financial Officer (This is typically your CFO or County Auditor)	
Name	
Title	
Official Mailing Address	
Daytime Phone Number	
Fax Number	
E-mail Address	

Authorized Official (This must be the County Judge, Mayor, or City Manager)	
<i>*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	Ramon Garcia
Title	Hidalgo County Judge
Official Mailing Address	302 West University Drive Edinburg, Texas 78539
Daytime Phone Number	(956) 318-2600
Fax Number	(956) 318-2699
E-mail Address	countyjudge@co.hidalgo.tx.us

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.