

**LBSP FORM APP-1  
APPLICATION FOR STATE ASSISTANCE**

<b>1. LEGAL NAME OF APPLICANT ORGANIZATION:</b> (Name of City, County or Tribe)	Hidalgo County
<b>2. ORGANIZATION MAILING ADDRESS:</b>	730 North Breyfogle Road Ste B Mission, Texas 78574
<b>3. ORGANIZATION PHYSICAL ADDRESS:</b> (If different from Mailing Address)	S.A.A.
<b>4. DEPARTMENT</b> (that will conduct grant activities):	Hidalgo County Pct 3 Constable Department
<b>5. COUNTY</b> (where jurisdiction is located):	Hidalgo County
<b>6. APPLICANT TYPE:</b>	<input type="checkbox"/> City Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> Tribal Government
<b>7. NAME OF GRANT/ASSISTANCE PROGRAM:</b>	Local Border Security Grant Program (LBSP-15)
<b>8. PERIOD OF PERFORMANCE :</b>	February 1, 2015 through August 31, 2015
<b>9. PAYMENT TYPE:</b>	<input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> One-Time Advance Payment
<b>10. EMPLOYER IDENTIFICATION # / TAX ID #:</b>	74-6000717
<b>11. DUNS # (optional):</b>	
<b>12. TOTAL AMOUNT REQUESTED:</b>	\$116,531.15

**CERTIFICATION**

By signing this document, I certify that to the best of my knowledge and belief this application and its attachments are true and correct 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 FY2015 (LBSP-15) Grant Guidance and Application Kit, 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 LBSP-15.

<b>Typed Name of Authorized Official:</b>	Ramon Garcia
<b>Position Title (Mayor, Judge, City Manager):</b>	County Judge – Hidalgo County
<b>Original Signature of Authorized Official:</b>	
<b>Date Signed:</b>	

Email\* or Mail completed forms and application materials to: Texas Homeland Security State Administrative Agency  
ATTN: LBSP  
SAA-LBSP@dps.texas.gov 1033 La Posada, Ste. 160, Austin, TX 78752

\*Note: Email submission is preferred. Applications must be received by the THSSAA by **5PM CST on January 5, 2015**