

FINANCIAL COST ESTIMATE (OPTIONAL)

1. NAME OF PROGRAM / ASSISTANCE: **Local Border Security Program FY 2015**

2. APPLICANT NAME: **Hidalgo County Sheriff's Office**

3. ESTIMATED MONTHLY EXPENSES:

a. Personnel Estimate						Total		
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	FRINGES 22.00%	Total Salary & Fringe
Supervisor	1	\$27.77		10	23	\$9,580.65	\$2,107.74	\$11,688.39
Deputy	4	\$22.95		10	25	\$34,425.00	\$7,573.50	\$41,998.50
						\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00
Total Personnel Estimate						\$44,005.65	9,681.24	\$53,686.89

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 \$65 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
						\$0.00				\$0.00
						\$0.00				\$0.00
Total Travel & Per Diem Estimate						\$0.00				\$0.00

FILL IN SHADED FIELDS ONLY

c. Operational Cost Estimate					Subtotal
Mileage Cars	Number of	Number of Miles per Car	Number of Days	Rate per Mile	
5		75	25	\$0.560	\$5,250.00
Total Operational Cost Estimate					\$5,250.00

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

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	Total Grant	\$322,121.36
b. Travel & Per Diem Estimate		\$0.00
c. Operational Cost Estimate		\$31,500.00
Total Expenses		\$353,621.36

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

Reimbursement ONE TIME Advance Payment Request