

FINANCIAL COST ESTIMATE (OPTIONAL)

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

2. APPLICANT NAME: Hidalgo County Constable Pct. 1

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	FRINGES 22.00%	Total Salary & Fringe
							\$0.00	\$0.00
Dep.step 1	9	\$18.82	\$28.23	6	4	\$6,097.68	\$1,341.49	\$7,439.17
Sgt. 1	1	\$22.77	\$34.16	6	4	\$819.84	\$180.36	\$1,000.20
Deputy 2	1	\$19.47	\$29.21	6	4	\$701.04	\$154.23	\$855.27
Deputy 4	2	\$22.93	\$34.40	6	4	\$1,651.20	\$363.26	\$2,014.46
Deputy 1	1	\$18.05	\$27.08	6	4	\$649.92	\$142.98	\$792.90
Total Personnel Estimates								\$12,102.00

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
						\$0.00		\$0.00		\$0.00
Total Travel & Per Diem Estimate										\$0.00

c. Operational Cost Estimate

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
0	0	0	\$0.560	\$0.00
Total Operational Cost Estimate				\$0.00

FILL IN SHADED FIELDS ONLY

Mileage
Fuel Costs
Other Costs

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

4. NUMBER OF MONTHS IN THE GRANT PERIOD: 7

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

	Total Grant
a. Personnel Estimate	\$84,714.00
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$0.00
Total Expenses	\$84,714.00

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

Reimbursement ONE TIME Advance Payment Request