

**LBSP FORM APP-2  
DESIGNATION OF GRANT OFFICIALS**

<b>GRANT:</b>	<b>LOCAL BORDER SECURITY PROGRAM FY2015 (LBSP-15)</b>
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<b>GRANT PERIOD:</b>	<b>February 1, 2015 – August 31, 2015</b>
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<b>AGENCY NAME:</b>	<b>Hidalgo County Constable Pct. 1</b>
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<b>Grant Performance Officer (This is typically an Officer or Deputy)</b>	
<b>Name</b>	<b>Celestino Avila Jr.</b>
<b>Title</b>	<b>Constable</b>
<b>Daytime Phone Number</b>	<b>956-447-3775</b>
<b>E-mail Address</b>	<b>Celestino.avila@co.hidalgo.tx.us</b>

<b>Grant Financial Officer (This is typically your CFO or County Auditor)</b>	
<b>Name</b>	<b>Raymundo Eufracio, CPA</b>
<b>Title</b>	<b>Auditor- Hidalgo County</b>
<b>Daytime Phone Number</b>	<b>956-318-2511</b>
<b>E-mail Address</b>	<b>ray.eufracio@co.hidalgo.tx.us</b>

**\*Note:** If someone else is authorized to submit Financial Reports for the Jurisdiction, a letter from the Authorized Official indicating such Signature Delegation should be attached with this Form.

<b>Authorized Official (This must be the County Judge, Mayor, or City Manager*)</b>	
<b>Name</b>	<b>Ramon Garcia</b>
<b>Title</b>	<b>County Judge – Hidalgo County</b>
<b>Daytime Phone Number</b>	<b>956-318-2600</b>
<b>E-mail Address</b>	<b>Ramon.garcia@co.hidalgo.tx.us</b>

**\*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 this Form.

<b>Designation Approval</b>	
<b>Signature of Authorized Official:</b>	
<b>DATE SIGNED (DESIGNATION DATE):</b>	
<i>If at any point during the grant period these POCs change, make necessary changes and resubmit this form immediately to <a href="mailto:SAA-LBSP@dps.texas.gov">SAA-LBSP@dps.texas.gov</a>.</i>	