SAA
Serve Texas. Administer Resources.

State Administrative Agency
Extension Request Form

EXTENSION INFORMATION
(Please complete all fields below and provide detail information)

Date: 12/30/14 **Agency/Jurisdiction:** Hidalgo County Sheriff's Office **Region / UASI:** Lower Rio Grande Valley COG

Requestor's Information **Name:** J.E. "Eddie" Guerra **Phone #:** (956) 383-8114 **Email:** sheriff.guerra@hidalgoso.org

Grant Information:

Grant Year: 2013 **Grant:** OPSG

Award Amount: $3,321,163.51

Amt. Invoiced: (Submitted to SAA) $1,294,804.74

Amt. Uncommitted: $2,026,358.77

Performance Period:

Current End Date: Feb 28, 2015

Requested End Date: May 29, 2015

Project Information:
Please provide the following project information for requested grant & grant year:

Total **# of projects sub-grantee is responsible for:** 1

Total **# of projects completed:**

List projects included in this extension: If ALL, check box ☒
(Please use SPARS titles)

1.
2.
3.
4.
5.
6.

Justification for Extension: (Please be *project* specific)

Hidalgo County is requesting a no-cost extension on the 2013 Operation Stonegarden grant. The purpose of this extension is for the continuation and support of working collaboratively with the 16 participating agencies on achieving and sustaining the goals and objectives set forth within the Stonegarden mission statement. This extension will provide all participating agencies the ample time needed to exhaust their awarded funds, submit appropriate reimbursement document and execute their original spending plans by the scheduled deadline of May 29, 2015. This approval will allow the Hidalgo County Sheriff's Office and participating agencies to remain consistent with the overall strategic plan and objectives associated with Operation Stonegarden.

Date **Printed Name** (Director/Authorized Official) **Signature** (Director/Authorized Official)

Regional or UASI POC Use Only

POC Name: **Date Received:**

Notes or Comments:

☐ APPROVED
☐ DENIED

Date **Printed Name** (Regional POC/UASI POC) **Signature** (RegionalPOC/UASI POC)

NOTE: Save a copy of this form for your records.

SAA USE ONLY

STEP 1 -
Grant Coordinator Review

Date Received | GC Initials | BA Initials | Lead Initals | Spvr Initals

☐ APPROVED
☐ DENIED

Notes or Comments:

STEP 2 -
Management Review

Dep. Adm. Initals | Signature - Deputy Assistant Director | Date

☐ APPROVED
☐ DENIED

Notes or Comments: