

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

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	\$41.66	10	10	\$4,165.50	\$916.41	\$5,081.91		
Deputy	4	\$22.95	\$34.43	10	10	\$13,770.00	\$3,029.40	\$16,799.40		
			\$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	\$0.00		
							\$17,935.50	3,945.81	Total Personnel Estimates	\$21,881.31

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
5	109	10	\$0.575	\$3,133.75
Total Operational Cost Estimate				\$3,133.75

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	\$153,169.17
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	\$21,830.83
Total Expenses	\$175,000.00

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

Reimbursement ONE TIME Advance Payment Request