

FINANCIAL COST ESTIMATE (OPTIONAL)

1. NAME OF PROGRAM / ASSISTANCE:							Local Border Security Program FY 2015					
2. APPLICANT NAME:							Hidalgo County Constable Pct. 2					
3. ESTIMATED MONTHLY EXPENSES:												
<i>a. Personnel Estimate</i>												
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					Total Salary & Fringe	
							FICA 7.65%	RET 10.63%	UNEMPL 0.60%	WC 3.12%		
Sr. Deputy	1	\$22.94	\$34.41	6	3	\$619.38	\$47.38	\$65.84	\$3.72	\$19.32	\$755.64	
Sr. Deputy	1	\$20.69	\$31.04	6	3	\$558.72	\$42.74	\$59.39	\$3.35	\$17.43	\$681.63	
Deputy Constable	3	\$19.47	\$29.21	6	3	\$1,577.34	\$120.67	\$167.67	\$9.46	\$49.21	\$1,924.35	
Deputy Constable	2	\$18.81	\$28.22	5	3	\$846.60	\$64.76	\$89.99	\$5.08	\$26.41	\$1,032.84	
Deputy Constable	1	\$18.01	\$27.02	6	3	\$486.36	\$37.21	\$51.70	\$2.92	\$15.17	\$593.36	
							Total Personnel Estimates				\$4,987.82	
Total OT/Fringes							28,618.80	\$2,189.32	\$3,042.13	\$171.71	\$892.78	
<i>b. Travel & Per Diem Estimate</i>												
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	
<i>c. Operational Cost Estimate</i>												
	Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal							
Mileage	6	84	5	\$0.575	\$1,440.75							
Fuel Costs												
Other Costs												
Total Operational Cost Estimate					\$1,440.75							
FILL IN SHADED FIELDS ONLY												
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										\$34,914.74		
b. Travel & Per Diem Estimate										\$0.00		
c. Operational Cost Estimate										\$10,085.26		
						Total Expenses				\$45,000.00		
8. TYPE OF PAYMENT YOU PREFER: (check one)												
Reimbursement						<input checked="" type="checkbox"/>		ONE TIME Advance Payment Request				