

FINANCIAL COST ESTIMATE (OPTIONAL)

<b>1. NAME OF PROGRAM / ASSISTANCE:</b>							Local Border Security Program FY 2015																			
<b>2. APPLICANT NAME:</b>							Hidalgo County Constable Pct. 3																			
<b>3. ESTIMATED MONTHLY EXPENSES:</b>																										
<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	FICA	RET	UNEMPL	WC	Total Salary & Fringe															
							7.65%	10.63%	0.60%	3.12%																
Sgt. II	1	\$23.57	\$35.36	5	4	\$707.20	\$54.10	\$75.18	\$4.24	\$22.06	\$862.78															
Sr. Deputy	3	\$22.95	\$34.43	5	4	\$2,065.80	\$158.03	\$219.59	\$12.39	\$64.45	\$2,520.26															
Sr. Deputy	2	\$21.43	\$32.15	5	3	\$874.22	\$66.88	\$92.93	\$5.25	\$27.28	\$1,066.56															
Sr. Deputy	1	\$20.70	\$31.05	5	4	\$621.00	\$47.51	\$66.01	\$3.73	\$19.38	\$757.63															
Deputy	5	\$19.48	\$29.22	5	4	\$2,922.00	\$223.53	\$310.61	\$17.53	\$91.17	\$3,564.84															
<b>Total OT/Fringes for 7 months</b>						50,331.54	\$3,850.35	\$5,350.24	\$301.98	\$1,570.38	<b>\$8,772.07</b>															
<i>b. Travel &amp; 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	Hotel Tax Rate	Meals	Travel Totals																
						\$85 Maximum	\$36 Maximum	\$36 Maximum																		
						\$0.00		\$0.00		\$0.00																
						\$0.00		\$0.00		\$0.00																
<b>Total Travel &amp; Per Diem Estimate</b>										<b>\$0.00</b>																
<i>c. Operational Cost Estimate</i>																										
	<b>Number of Cars</b>	<b>Number of Miles per Car</b>	<b>Number of Days</b>	<b>Rate per Mile</b>	<b>Subtotal</b>	<b>FILL IN SHADED FIELDS ONLY</b>																				
Mileage	12	77	5	\$0.575	\$2,656.50																					
Fuel Costs																										
Other Costs																										
<b>Total Operational Cost Estimate</b>					<b>\$2,656.50</b>																					
*NOTE: Estimate either for fuel or mileage, not both.																										
<b>4. NUMBER OF MONTHS IN THE GRANT PERIOD:</b>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>7. TOTAL AMOUNT OF APPLICATION</b></td> <td style="text-align: right;"><b>Total Grant</b></td> </tr> <tr> <td>a. Personnel Estimate</td> <td></td> <td style="text-align: right;">\$61,404.49</td> </tr> <tr> <td>b. Travel &amp; Per Diem Estimate</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Operational Cost Estimate</td> <td></td> <td style="text-align: right;">\$18,595.51</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total Expenses</b></td> <td style="text-align: right;"><b>\$80,000.00</b></td> </tr> </table>					<b>7. TOTAL AMOUNT OF APPLICATION</b>		<b>Total Grant</b>	a. Personnel Estimate		\$61,404.49	b. Travel & Per Diem Estimate		\$0.00	c. Operational Cost Estimate		\$18,595.51	<b>Total Expenses</b>		<b>\$80,000.00</b>
<b>7. TOTAL AMOUNT OF APPLICATION</b>		<b>Total Grant</b>																								
a. Personnel Estimate		\$61,404.49																								
b. Travel & Per Diem Estimate		\$0.00																								
c. Operational Cost Estimate		\$18,595.51																								
<b>Total Expenses</b>		<b>\$80,000.00</b>																								
<b>5. ARE YOU PAID MONTHLY OR BI-MONTHLY:</b>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>8. TYPE OF PAYMENT YOU PREFER: (check one)</b></td> </tr> <tr> <td>Reimbursement</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>ONE TIME Advance Payment Request</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					<b>8. TYPE OF PAYMENT YOU PREFER: (check one)</b>		Reimbursement	<input checked="" type="checkbox"/>	ONE TIME Advance Payment Request	<input type="checkbox"/>									
<b>8. TYPE OF PAYMENT YOU PREFER: (check one)</b>																										
Reimbursement	<input checked="" type="checkbox"/>																									
ONE TIME Advance Payment Request	<input type="checkbox"/>																									
<b>6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:</b>																										