

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. 4																					
<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 IV	1	\$25.24	\$37.86	6	2	\$454.32	\$34.76	\$48.29	\$2.73	\$14.17	\$554.27												
SGT I	1	\$22.77	\$34.16	6	2	\$409.92	\$31.36	\$43.57	\$2.46	\$12.79	\$500.10												
SR. DEP III	2	\$22.17	\$33.26	7	2	\$931.28	\$71.24	\$99.00	\$5.59	\$29.06	\$1,136.17												
SR. DEP III	3	\$21.42	\$32.13	7	2	\$1,349.46	\$103.23	\$143.45	\$8.10	\$42.10	\$1,646.34												
DEP II	4	\$19.48	\$29.22	7	2	\$1,636.32	\$125.18	\$173.94	\$9.82	\$51.05	\$1,996.31												
DEP II	1	\$18.82	\$28.23	7	2	\$395.22	\$30.23	\$42.01	\$2.37	\$12.33	\$482.16												
COMM OFFICER	1	\$13.86	\$20.79	6	2	\$249.48	\$19.09	\$26.52	\$1.50	\$7.78	\$304.37												
COMM OFFICER	1	\$12.82	\$19.23	7	2	\$269.22	\$20.60	\$28.62	\$1.62	\$8.40	\$328.46												
<b>Total OT/Fringes for 7 months</b>						39,866.54	3,049.83	4,237.80	239.33	1,243.76	<b>\$6,948.18</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 \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum		Travel Totals												
						\$0.00		\$0.00			\$0.00												
						\$0.00		\$0.00			\$0.00												
<b>Total Travel &amp; Per Diem Estimate</b>											\$0.00												
<i>c. Operational Cost Estimate</i>																							
						<b>FILL IN SHADED FIELDS ONLY</b>																	
	Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal																		
Mileage	12	85	4	\$0.575	\$2,337.54																		
Fuel Costs																							
Other Costs																							
<b>Total Operational Cost Estimate</b>					<b>\$2,337.54</b>																		
*NOTE: Estimate either for fuel or mileage, not both.																							
<b>4. NUMBER OF MONTHS IN THE GRANT PERIOD:</b> 7						<b>7. TOTAL AMOUNT OF APPLICATION</b>																	
<b>5. ARE YOU PAID MONTHLY OR BI-MONTHLY:</b> BI-MONTHLY						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><b>Total Grant</b></td> </tr> <tr> <td>a. Personnel Estimate</td> <td style="text-align: right;">\$48,637.26</td> </tr> <tr> <td>b. Travel &amp; Per Diem Estimate</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Operational Cost Estimate</td> <td style="text-align: right;">\$16,362.74</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total Expenses</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>\$65,000.00</b></td> </tr> </table>							<b>Total Grant</b>	a. Personnel Estimate	\$48,637.26	b. Travel & Per Diem Estimate	\$0.00	c. Operational Cost Estimate	\$16,362.74	<b>Total Expenses</b>			<b>\$65,000.00</b>
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<b>6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:</b> 80						<b>8. TYPE OF PAYMENT YOU PREFER: (check one)</b>																	
						Reimbursement <input checked="" type="checkbox"/> ONE TIME Advance Payment Request <input type="checkbox"/>																	