

**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. 1																								
<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%																
Dep. Step 1	9	\$18.82	\$28.23	4	3	\$3,048.84	\$233.24	\$324.09	\$18.29	\$95.12	\$3,719.58															
Sgt. 1	1	\$22.77	\$34.16	6	3	\$614.88	\$47.04	\$65.36	\$3.69	\$19.18	\$750.15															
Deputy 2	1	\$19.47	\$29.21	6	2	\$350.52	\$26.81	\$37.26	\$2.10	\$10.94	\$427.63															
Deputy 4	2	\$22.93	\$34.40	6	2	\$825.60	\$63.16	\$87.76	\$4.95	\$25.76	\$1,007.23															
Deputy 1	1	\$18.05	\$27.08	5	3	\$429.49	\$32.86	\$45.65	\$2.58	\$13.40	\$523.98															
<b>Total OT/Fringes for 7 months</b>						36,885.25	\$2,821.72	\$3,920.90	\$221.31	\$1,150.82	<b>\$6,428.57</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>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	0	0	0	\$0.575	\$0.00																					
Fuel Costs																										
Other Costs																										
<b>Total Operational Cost Estimate</b>					<b>\$0.00</b>																					
*NOTE: Estimate either for fuel or mileage, not both.																										
<b>4. NUMBER OF MONTHS IN THE GRANT PERIOD:</b>						<b>7</b>																				
<b>5. ARE YOU PAID MONTHLY OR BI-MONTHLY:</b>						<b>BI-MONTHLY</b>																				
<b>6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:</b>						<b>80</b>																				
<b>7. TOTAL AMOUNT OF APPLICATION</b>						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"></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;">\$45,000.00</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;">\$0.00</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total Expenses</b></td> <td style="text-align: right;"><b>\$45,000.00</b></td> </tr> </table>								<b>Total Grant</b>	a. Personnel Estimate		\$45,000.00	b. Travel & Per Diem Estimate		\$0.00	c. Operational Cost Estimate		\$0.00	<b>Total Expenses</b>		<b>\$45,000.00</b>
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<b>8. TYPE OF PAYMENT YOU PREFER: (check one)</b>						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Reimbursement</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ONE TIME Advance Payment Request</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						Reimbursement	<input checked="" type="checkbox"/>	ONE TIME Advance Payment Request	<input type="checkbox"/>	<input type="checkbox"/>										
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