



# State Administrative Agency Extension Request Form

## EXTENSION INFORMATION

(Please complete all fields below and provide detail information)

Date: 10/22/15 Agency/Jurisdiction: Hidalgo County Sheriff's Office Region / UASI: Lower Rio Grande Valley COG  
Requestor's Information Name: J.E. "Eddie" Guerra Phone #: (956)383-8114 Email: sheriff.guerra@hidalgoso.org

### Grant Information:

Grant Year: 2014 Grant: OPSG  
Award Amount: \$4,674,438.00  
Amt. Invoiced: \$333,614.49  
(Submitted to SAA)  
Amt. Uncommitted: \$4,340,823.51

### Project Information:

Please provide the following project information for requested grant & grant year:

Total # of projects sub-grantee is responsible for: 1

Total # of projects completed: \_\_\_\_\_

List projects included in this extension: If ALL, check box

(Please use SPARS titles)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Performance Period:

Current End Date: Feb 29, 2016  
Requested End Date: May 31, 2016

### Justification for Extension: (Please be project specific)

Hidalgo County is requesting a no-cost extension on the 2014 Operation Stonegarden grant. The purpose of this extension is for the continuation and support of working collaboratively with the 17 participating agencies on achieving and sustaining the goals and objectives set forth within the Stonegarden mission statement. This extension will provide all participating agencies the ample time needed to exhaust their awarded funds, submit appropriate reimbursement document and execute their original spending plans by the scheduled deadline of May 31, 2016. This approval will allow the Hidalgo County Sheriff's Office and participating agencies to remain consistent with the overall strategic plan and objectives associated with Operation Stonegarden.

Date \_\_\_\_\_ Printed Name (Director/Authorized Official) \_\_\_\_\_ Signature (Director/Authorized Official) \_\_\_\_\_

### Regional or UASI POC Use Only

POC Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes or Comments:

APPROVED

DENIED

Date \_\_\_\_\_ Printed Name (Regional POC/UASI POC) \_\_\_\_\_ Signature (Regional POC/UASI POC) \_\_\_\_\_

**NOTE: Save a copy of this form for your records.**

### SAA USE ONLY

#### STEP 1 -

##### Grant Coordinator Review

Date Received \_\_\_\_\_ GC Initials \_\_\_\_\_ BA Initials \_\_\_\_\_ Lead Initials \_\_\_\_\_ Spvr Initials \_\_\_\_\_

APPROVED

DENIED

Notes or Comments:

#### STEP 2 -

##### Management Review

Dep. Adm. Initials \_\_\_\_\_ Signature - Deputy Assistant Director \_\_\_\_\_ Date \_\_\_\_\_

APPROVED

DENIED

Notes or Comments:

## State Administrative Agency (SAA) Extension Request Process and Form Instructions

All sub-recipients of the SAA must request performance period extensions using the following Extension Request Form. Any request outside of this process will not be considered. (See SAA IB #11-003)

Extension Requests will only be accepted in the last 6 months of the performance period and no later than 30 days before the end of the performance period. Exceptions will be considered on a case by case basis, and must be fully documented when submitted. Projects managed through a Council of Governments (COG) or Urban Area (UA) must have COG/UA Point of Contact approval and signature before the SAA will review the request. Extension requests must be submitted via e-mail to the SAA Lead Grant Coordinator assigned to your Region/UA. These assignments can be found at the link listed below.

The submitting sub-recipient will be notified of approvals/denials through an e-mail containing a copy of the original request with approval/denial indicated and notes. The SAA will attach a Grant Adjustment Notice (GAN) to the e-mail for all approved extensions. The GAN must be signed and returned to the SAA. *Please note, all invoices must be submitted to the SAA by the end of the performance period.*

### FORM INSTRUCTIONS

Fill in all the blanks of the Extension Request Form as applicable using as much detail as possible.

#### Clarification of Request Information:

- **Region/UASI** = from the drop down list, select the name of the Council of Governments or Urban Area. If request is for a state agency, please select State Agency. If the request is for another type of entity, please select NA.
- **Award Amount** = provide the award amount from your most recent Sub-Recipient Agreement or Grant Adjustment Notice.
- **Amount invoiced** = provide the amount of funding that has been completed and invoiced as of the request date. This information can be found on the SPARS website. (Except for State Agency projects funded with grants prior to 2010.)
- **Amount Uncommitted** = provide the amount of uncommitted funding as of the request date. This information can be found on the SPARS website. (Except for State Agency projects funded with grants prior to 2010.)
- **Current End Date** = provide the most current performance period end date on your most recent Sub-Recipient Agreement or Grant Adjustment Notice.
- **Requested End Date** = provide the date you are requesting to extend your performance period. ***PLEASE NOTE*** - All invoices must be received by the SAA before the end of the extended performance period.
- **Total # of projects sub-grantee is responsible for** = provide the number of projects the sub-grantee was funded and responsible for during the requested grant year.
- **Total # of projects completed** = provide the number of projects the sub-grantee has completed. These should be projects in which all invoices have been submitted in SPARS and to the SAA.
- **List projects included in the extension** = provide the titles of the projects that will continue in the extension period. Please use the same titles that are reflected in SPARS. If none of the projects are completed and all of your projects will remain open during this extension period, you may check the box. The SAA will review the progress on the projects in evaluating this extension request.
- **Justification for Extension** = provide a detailed and project specific justification explaining what has caused the delays, why the extension is needed, and how similar delays will be avoided in the future. Each extension decision will be based on this information. Attach additional pages as necessary.
- **Signature** = the form must be signed by the Director or Authorized Official or their designated signee.

#### How to:

**Print** - Click yellow print button in upper right corner of the form, select your printer from drop down and click OK.

**Save** - Click on yellow print button, check the "Print to File" box and click OK and follow the next steps to Save.

#### Grant Coordinator Assignments and Contact Information:

[http://www.txdps.state.tx.us/director\\_staff/saa/documents/grantGrpAlignments.pdf](http://www.txdps.state.tx.us/director_staff/saa/documents/grantGrpAlignments.pdf)

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State Administrative Agency

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Fax - (512) 206-3137

Mail - 1033 La Posada, Suite 135, Austin, TX 78752

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