

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

State Administrative Agency

E-mail - SAA@TXDPS.state.tx.us

Fax - (512) 206-3137

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



State Administrative Agency Extension Request Form

EXTENSION INFORMATION

(Please complete all fields below and provide detail information)

Date: 04/01/16 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@hidalgo.org

Grant Information:

Grant Year: 2014 Grant: OPSG
Award Amount: \$4,674,438.00
Amt. Invoiced:
(Submitted to SAA) \$2,270,933.18
Amt. Uncommitted: \$2,403,504.82

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: 0

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: May 31, 2016
Requested End Date: Jun 30, 2016

Justification for Extension: (Please be project specific)

Hidalgo County Sheriff's Office is requesting a no-cost 30 day extension on the 2014 Operation Stonegarden grant. The purpose of this extension is for the continuation and support on achieving and sustaining the mission, goals, and objectives described in collaborative Stonegarden Operational Plan. This will allow us to committ the uncommitted funds that will be de-obligated from those participants unable to exhaust these funds by their current deadline of April 30, 2016. The Hidalgo County Sheriff's Office has also submitted for supplemental funds in the amount of \$400,000 of which \$30,000 will be overtime for Edinburg PD. The remaining balance of \$370,000.00 will be allocated to overtime pay (salaries/benefits) and operational expenses (mileage). This approval will allow the Hidalgo County Sheriff's Office to remain consistent with overall strategic objectives associated with the Operation Stonegarden 2014 grant.

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 (RegionalPOC/UASI POC) _____

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

SAA USE ONLY

STEP 1 - Grant Coordinator Review APPROVED

Date Received _____ GC Initials _____ BA Initials _____ Lead Initials _____ Spvr Initials _____ DENIED

Notes or Comments:

STEP 2 - Management Review APPROVED

Dep. Adm. Initials _____ Signature - Deputy Assistant Director _____ Date _____ DENIED

Notes or Comments: