

Hidalgo County



**Veteran County Office Funding
Housing for Texas Heroes**

Amount Awarded: \$300,000.00
Unduplicated Beneficiary Target: 12

TVC ID: VCO25-H-002

Start Date: 07-01-2025
End Date: 08-31-2026

ID: R-2024-2018005658
VCISO: Yes

Award Type: A-Awarded
Grant Officer: Jonathan Holloway

Request Status

[Draft](#) [Review](#) **[Revisions- Sent Back](#)** [Active](#) [Closed](#)

▼ **Negotiations**

Comments for TVC:

Status Sent Back for Revisions

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Additional Organization Information

Principal Participants

Phone numbers must be formatted as XXX-XXX-XXXX

Grant Program Primary Contact* Samuel Perez

Email: samuel.perez@co.hidalgo.tx.us

Phone: 956-318-2436

Executive Director * Richard Cortez

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Phone: 956-318-2699

Chief Financial Officer * Leticia Chavez

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Phone: 956-318-2511

Chief Operations Officer:

Email:

Phone:

Project Manager / Coordinator * Samuel Perez

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 Phone: 956-318-2436

Project Accountant * Jose Valdez

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 Phone: 956-318-2611

Media / Communications Coordinator * Samuel Perez

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 Phone: 956-318-2436

PRR Reporter 1:

Email:
 Phone:

PRR Reporter 2:

Email:
 Phone:

▼ Full Application

▼ Summary of Services

1. Proposed Project Service Area(s)* Hidalgo

2. Who will the organization provide direct services to under the proposed project? Check boxes below.*

Veterans: Yes
 Dependents: No
 Surviving Spouses: Yes

Total Number of unduplicated clients to be served.* 12

3. Provide a summary of the service(s) your Organization proposes to provide to clients through this grant*

Grant funding will provide necessary home modification, repair, and weatherization projects to improve accessibility, correct dangerous housing conditions, and correct elements from entering the home for eligible Veterans and Surviving Spouses homeowners who are Low-Income.

4. What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)* Veteran

5. Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)* Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct, Dismissed

- 6. Can beneficiaries request services over the phone? No
- 7. Can beneficiaries request services or make an appointment online? No
- 8. Can beneficiaries apply for services via walk-in? Yes
- 9. Are services provided by appointment only? No
- 10. How will beneficiaries be evaluated to determine priority of service? Financial Hardship
- 11. Once eligibility is determined, how many days will it take for requested services to be provided? 45

▼ Financial Information

12. Does your organization have the ability to sustain this project without FVA funding? No

13. Does your organization use software to record accounting transactions and manage financial book keeping? Yes

What is the name, type, and version of the software? Linq

Note: Enter values for Total Assets, Total Liabilities and Net Assets

Total Assets* \$0.00

Total Liabilities* \$0.00

Net Assets at the end of the Year* \$0.00

Budget Tables

Salary & Fringe Group

Name	Job Title	Annual Salary	% Time to TVC Grant	Total Grant Funded Salary
TBH	Program Specialist I	\$54,047.94	100%	\$54,047.94
Total Fringe: \$24,138.42		Total Grant Funded Fringe: \$24,138.42		
Social Security: \$3,347.90 Medicare: \$786.77 FICA: \$4,134.67	Health: \$11,760.00 Dental: Vision:	Life: \$65.52 Disability: Worker's Comp:	Unemployment: \$81.08 Retirement: \$8,097.15	Parking: Phone:
Total Salary + Fringe: \$78,186.36		Fringe % of Salary: 44.66%		
Total Salary				\$78,186.36

Travel Group

Category	Unit Cost	# Units	# Staff	Amount Requested
Local Mileage & Fees	\$1,200.00	1	1	\$1,200.00
Total				\$1,200.00

Supplies Group

Category	Unit Cost	Quantity	Amount Requested
Computer Device	\$1,600.00	1	\$1,600.00
Office Supplies	\$1,000.00	1	\$1,000.00
Electronic Device	\$2,000.00	1	\$2,000.00
Office Furniture	\$1,000.00	1	\$1,000.00
Phone Devices	\$1,300.00	1	\$1,300.00
Total			\$6,900.00

Direct Client Services Group

Category	Unit Cost	Quantity	Amount Requested
Home Modification	\$210,113.64	1	\$210,113.64
Total			\$210,113.64

Other Direct Cost Group

Category	Unit Cost	Quantity	Amount Requested
Contractor <i>Home Inspector</i>	\$3,600.00	1	\$3,600.00
Total			\$3,600.00

Total Budget: \$300,000.00

▼ Documents

APPLICATION PACKAGE DOCUMENTS

 **2024 W-9 - Hidalgo County.pdf**   
IRS Determination Letter
 Added by Samuel Perez at 2:29 PM on October 29, 2024

 **Hidalgo County - COI for Texas Veterans 24-25.pdf**   
Liability Insurance
 Added by Samuel Perez at 1:50 PM on October 29, 2024

 **Commissioners Court Board 2024.docx**   
Governing Body Members
 Added by Samuel Perez at 1:02 PM on October 29, 2024

Business Authorizallon Letter

