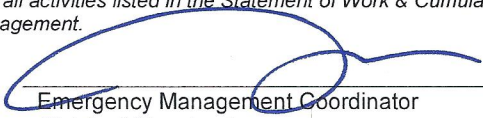


FISCAL YEAR 2016 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction): Williamson County			
2. COUNTY: Williamson		3. DISASTER DISTRICT: 6B	
4. EMPG STATUS: <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant			
5. PROGRAM PARTICIPANTS: (List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.) Williamson County & the Cities of Florence, Granger, Hutto, Jarrell, Leander, Liberty Hill, Thrall, & Weir			
6. CHECKLIST OF APPLICATION ATTACHMENTS: (See the FY 2015 <i>Emergency Management Performance Grant (EMPG) Guide</i> for information on completing these forms.)			
<input checked="" type="checkbox"/> Designation of Grant Officials (TDEM-17B) <input checked="" type="checkbox"/> Statement of Work & Cumulative Progress Report (TDEM-17A) - This form shall be signed by the EMC <input checked="" type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> Application for Federal Assistance (TDEM-67) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A current job description is required for each staff member listed in the FY 2014 EMPG Staffing Pattern (TDEM-66) <input checked="" type="checkbox"/> FEMA Form 20-16 Summary Sheet for Assurances & Certifications - Shall be signed by an Authorized Official Attached: <input checked="" type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input checked="" type="checkbox"/> FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements <input type="checkbox"/> FEMA Form SF LLL, Disclosure of Lobbying Activities - Signed by the Authorized Official required only if the applicant performs lobbying to influence federal actions <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146) or Application for Payee ID Number (form AP-152) - The Grant Financial Officer shall sign this form <input checked="" type="checkbox"/> Travel Policy Certification (TDEM-69) - The Grant Financial Officer shall sign this form			
7. CERTIFICATION: This Application, together with the approved EMPG Statement of Work & Cumulative Progress Report (TDEM-17A), constitutes the annual work plan for the emergency management program whose participants are listed above. The undersigned agree to exert their best efforts to accomplish all activities listed in the Statement of Work & Cumulative Progress Report approved by the Texas Division of Emergency Management.			
Authorized Official (Original Signature) Dan A. Gattis Printed Name	Date	 Emergency Management Coordinator (Original Signature) Jarred Thomas Printed Name:	Date 01.14.16

TDEM-17
12/15

Page 1 of 1

Mail completed forms and application materials to:

Grant Coordinator
Office of Management and Budget
Texas Division of Emergency Management
Texas Department of Public Safety
5805 N Lamar Blvd.
Austin, TX 78752

or

Email: TDEM.EMPG@dps.texas.gov

**FISCAL YEAR 2016
EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT**

Applicant Name (Jurisdiction): Williamson County

Jurisdiction DUN/SAM # 076930049 **Congressional District #** 31

SAM Status Active **Population** 489,250
 2014 census data available at: <http://quickfacts.census.gov/qfd/states/48000.html>

KEY DOCUMENT SUBMISSIONS AND APPROVALS				
Document	Submitter	Date	TDEM Reviewer	Date
Statement of Work	Jarred Thomas	01.21.15		
Progress Report #1				
Progress Report #2				

TASK 1—WORK PLAN & SEMIANNUAL PROGRESS REPORT	
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will submit an EMPG Application, two Progress Reports, four Quarterly FEMA Training matrices, and four Quarterly Financial Reports
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> Progress Report #1 is being submitted to TDEM OMB <input type="checkbox"/> First Financial Report has been submitted to TDEM OMB
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> Progress Report #2 is being submitted to the TDEM OMB <input type="checkbox"/> Second & Third Quarter Financial Reports have been submitted to TDEM OMB <input type="checkbox"/> Fourth Quarter Financial Report has been submitted to TDEM OMB

TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM	
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will maintain current legal documents establishing emergency management program <input checked="" type="checkbox"/> TRRN registration completed and resources entered <input checked="" type="checkbox"/> Legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Jurisdiction will prepare or update & submit to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> TRRN registration completed and resources entered <input type="checkbox"/> Legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #2 April 1- September 30	<input type="checkbox"/> TRRN registration completed and resources entered <input type="checkbox"/> Legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:

TASK 3—PUBLIC EDUCATION/INFORMATION	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Option 1: Jurisdiction will conduct 30 hours of hazard awareness activities for local citizens <input checked="" type="checkbox"/> Option 2: Jurisdiction will prepare & distribute public education/information materials to a <u>substantial portion</u> of the community. Please describe the materials to be distributed in the remarks section found on page 6. <p style="text-align: center;">**Jurisdictions may present a combination of both options</p>
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period.
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period.

TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Jurisdiction reviewed emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: NOTE: Plans & annexes dated prior to September 30, 2010 must be revised or updated this year. All Plans and Annexes must be NIMS compliant.
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction updated by revision or change the following planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: <input type="checkbox"/> No Task 4 progress was made this report period.
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction updated by revision or change the following planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: <input type="checkbox"/> No Task 4 progress was made this report period.

TASK 5—TEP, NOTIFICATION AND INDIVIDUAL EXERCISE PARTICIPATION

<input checked="" type="checkbox"/> Work Plan <input type="checkbox"/> TEP Date Submitted:	<p>Training and Exercise Plan</p> <p>Each jurisdiction must develop and submit a multi-year Training and Exercise Plan (TEP), not less than three years, to TDEM.EMPG@dps.texas.gov by January 31, 2016.</p> <p>Each jurisdiction must submit the Pre-Exercise Notification Form to the TDEM Exercise Unit not less than 45 days prior to a planned exercise event.</p> <p>Each jurisdiction must submit an After Action Report (AAR) and Improvement Plan (IP) for a minimum of two (2) discussion-based exercises and one (1) operations-based exercise. All AARs/IPs all exercise activities to the TDEM Exercise unit not more than 45 days after the conclusion of the exercise.</p> <p>One real world event is currently allowed per fiscal year.</p> <p>NOTE: A Full-Scale exercise must be conducted every three (3) years.</p> <p>**Each EMPG-funded person must complete and submit Individual Exercise Participation forms. All EMPG funded personnel must participate in at least three exercises per year.</p> <p>***Please include any additional information on page 6 of this form.</p>
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REQUIRED EXERCISE SCHEDULE

Performance Period	Exercise Type	Exercise Date & Name (List All)	Quarter of Year
Fiscal Year 2016 (October 1, 2015 - September 30, 2016)	Discussion Based	COOP Seminar COOP TTX or Workshop Nov 10, 2015 - Hospital Mahem	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Discussion Based		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Full Scale		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 5		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Our last Full-Scale exercise was conducted on (date):

<input type="checkbox"/> Progress Report #1 October 1 – March 31 <input type="checkbox"/> TEP Date Submitted:	<p>Conducted the following exercises and provided documentation to TDEM:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Exercise Type</th> <th style="width:50%;">Exercise Date and Name</th> <th style="width:30%;">EMPG Funded</th> </tr> </thead> <tbody> <tr> <td>Exercise 1</td> <td></td> <td>Exercise 1</td> </tr> <tr> <td>Exercise 2</td> <td></td> <td>Exercise 2</td> </tr> <tr> <td>Exercise 3</td> <td></td> <td>Exercise 3</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached </p>	Exercise Type	Exercise Date and Name	EMPG Funded	Exercise 1		Exercise 1	Exercise 2		Exercise 2	Exercise 3		Exercise 3
Exercise Type	Exercise Date and Name	EMPG Funded											
Exercise 1		Exercise 1											
Exercise 2		Exercise 2											
Exercise 3		Exercise 3											
<input type="checkbox"/> Progress Report #2 April 1 – September 30 <input type="checkbox"/> TEP Date Submitted:	<p>Conducted the following exercises and provided documentation to TDEM:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Exercise Type</th> <th style="width:50%;">Exercise Date and Name</th> <th style="width:30%;">EMPG Funded</th> </tr> </thead> <tbody> <tr> <td>Exercise 1</td> <td></td> <td>Exercise 1</td> </tr> <tr> <td>Exercise 2</td> <td></td> <td>Exercise 2</td> </tr> <tr> <td>Exercise 3</td> <td></td> <td>Exercise 3</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached </p>	Exercise Type	Exercise Date and Name	EMPG Funded	Exercise 1		Exercise 1	Exercise 2		Exercise 2	Exercise 3		Exercise 3
Exercise Type	Exercise Date and Name	EMPG Funded											
Exercise 1		Exercise 1											
Exercise 2		Exercise 2											
Exercise 3		Exercise 3											

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL

<input checked="" type="checkbox"/> Work Plan	All EMPG funded emergency management personnel will participate in the following training during FY 2016:		
	Position & Name	Course Name or Number	
	EMC Jarred Thomas EMC Jarred Thomas DEMC Marty Herrin DEMC Marty Herrin DEMC Marty Herrin DEMC Marty Herrin DEMC Marty Herrin	Position Specific ICS courses as available. Basic National Planners Course HSGP Applicant Workshop G-610 Basic Emergency Management Workshop Position Specific ICS courses as available. G-608 Disaster Recovery Workshop Planning 101 Basic National Planners Course	
<input type="checkbox"/> Progress Report #1 October 1 – March 31 <input type="checkbox"/> No training took place this report period.	Emergency management personnel completed the following training <i>and documentation is attached:</i>		
	Position & Name	Course Name or Number	Date Completed
<input type="checkbox"/> Progress Report #2 April 1 – September 30 <input type="checkbox"/> No training took place this progress report period.	Emergency management personnel completed the following training <i>and documentation is attached:</i>		
	Position & Name	Course Name or Number	Date Completed

TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL				
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies.			
<input type="checkbox"/> Progress Report #1 October 1 – March 31 <input type="checkbox"/> No training took place this progress report period.	The following formal training courses were taught or contracted:			
	Date	Course Title	Class Description	# Trained
<input type="checkbox"/> Progress Report #2 April 1 – September 30 <input type="checkbox"/> No training took place this progress report period.	The following formal training courses were taught or contracted:			
	Date	Course Title	Class Description	# Trained

TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT	
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will participate in the following emergency management organizational development activities: Conferences: TDEM EM Conference Meetings: Williamson County HSEPC Meetings; CASH-P Meetings, LEPC Meetings Work Groups/Committees: CAPCOG HSTF and its committees and workgroups: Preparedness, Technology, RESET, Exercise Work Group.
<input type="checkbox"/> Progress Report #1 1 October - March 31 <input type="checkbox"/> No progress this reporting period	Jurisdiction completed the following staff development activities:
<input type="checkbox"/> Progress Report #2 April 1 - September 30 <input type="checkbox"/> No progress this reporting period	Jurisdiction completed the following staff development activities:

REMARKS
(Use an Additional Sheet if Necessary)

JURISDICTION NAME: Williamson County

We will distribute emergency preparedness , response, and recovery ifnformation throughout the County via the County Newsletter, County Website and other social media. We will participate in local jurisdiction/community events.

**FISCAL YEAR 2016
DESIGNATION OF EMPG GRANT OFFICIALS**

APPLICANT NAME (JURISDICTION): Williamson County

EMERGENCY MANAGEMENT COORDINATOR*	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Jarred R. Thomas *If newly appointed, attach form TDEM-147
Official Mailing Address <small>Please include mail stop code</small>	Williamson County Office of Emergency Management PO Box 2659 Georgetown, TX 78627-2659
Daytime Phone Number	(512) 864-8269 Alternate Number ()
Fax Number	(512) 864-8227
E-mail Address	jthomas@wilco.org

POINT OF CONTACT (RESPONSIBLE FOR APPLICATION)	
NAME	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. Cindy Hood
Title	Emergency Management Specialist
Official Mailing Address <small>Please include mail stop code.</small>	Williamson County Office of Emergency Management PO Box 2659 Georgetown, TX 78627-2659
Daytime Phone Number	(512) 864-8267 Alternate Number ()
Fax Number	(512) 864-8227
E-mail Address	chood@wilco.org

GRANT FINANCIAL OFFICER (CANNOT BE THE SAME AS EMC)	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. David Flores
Title	County Auditor
Official Mailing Address <small>Please include mail stop code.</small>	Office of the County Auditor Williamson County Courthouse 710 S. Main Street, Ste. 301 Georgetown, TX 78626
Daytime Phone Number	(512) 943-1500
Fax Number	(512) 943-1567
E-mail Address	dflores@wilco.org

AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Dan Gattis
Title	County Judge
Official Mailing Address <small>Please include mail stop code.</small>	Office of the County Judge Williamson County Courthouse 710 S. Main Street, Ste. 101 Georgetown, TX 78626
Daytime Phone Number	(512) 943-1500
Fax Number	(512) 943-1662
E-mail Address	ctyjudge@wilco.org

**FISCAL YEAR 2016
EMPG STAFFING PATTERN**

1. APPLICANT NAME (as is appears on EMPG application) Williamson County				2. COUNTY Williamson			
3. FULL-TIME EMPLOYEES (including those who work all or only a portion of their time in emergency management duties)	4. Gross Annual Salary	5. Gross Annual Benefits	6. Gross Salary & Benefits (4+5)	7. % Work in EM Duties	8. Salary & Benefits for EM (6x7)	9. Est EM Travel Costs	
Name: Jarred Thomas	96,650.06	29,308.60	125,958.66	100%	125,958.66		
Position: Emergency Management Co9ordinator							
Name: James 'Marty' Herrin	99,080.80	30,024.93	129,105.73	100%	129,105.73		
Position: Interim Deputy EMC							
Name:			0.00		0.00		
Position:			0.00		0.00		
Name:			0.00		0.00		
Position:			0.00		0.00		
Name:			0.00		0.00		
Position:			0.00		0.00		
Name:			0.00		0.00		
Position:			0.00		0.00		
A. SUBTOTAL:						255,064.39	0.00

10. PART-TIME EMPLOYEES	11. % of Full Time	12. Gross Annual Salary	13. Gross Annual Benefits	14. Gross Salary & Benefits (12+13)	15. % Work in EM Duties	16. Salary & Benefits for EM (14x15)	17. Est EM Travel Costs
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
B. SUBTOTAL:						0.00	0.00
TOTAL:						255,064.39	0.00

CERTIFICATION: I certify that no individual listed above holds an elected office.
Signature of Authorized Official:
Printed name of Authorized Official: Dan A. Gattis
Date Signed:

FISCAL YEAR 2016
APPLICATION FOR FEDERAL ASSISTANCE
 (Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	1. CFDA NUMBER: <p style="text-align: center;">97.042</p>	2. APPLICANT STATUS: New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
3. FEDERAL FISCAL YEAR: <p style="text-align: center;">FY 2016</p>	4. START DATE: <p style="text-align: center;">OCTOBER 1, 2015</p>	5. END DATE: <p style="text-align: center;">SEPTEMBER 30, 2016</p>

APPLICANT INFORMATION

a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17): Williamson County	b. Name & Telephone Number(s) of Emergency Management Coordinator: Jarred Thomas (512) 864-8269
c. Mailing Address: :PO Box 2659 Georgetown, TX 786272659 Employer Identification Number/Tax ID# 746000978	d. Physical Address (if different from Mailing Address): 911 Tracy Chambers Lane Georgetown, TX 78626

EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds)

e. Number of EMPG Staff & Percentage of Time Worked in Emergency Management Duties						
	# Staff	Percent	# Staff	Percent	# Staff	Percent
1) Full Time:	2	100				
2) Part Time						
Total Number of EMPG-Funded Personnel: 2						

ESTIMATED EXPENSES

f. Salary & Benefits (from line 18, form TDEM-66)	\$255,064.39
g. Travel Expenses (from line 19 form TDEM-66)	
h. Other Expenses (from section 11 on reverse)	
i. Total Expenses (F + G + H)	\$ 255,064.39
j. Federal Share (I x .50)	\$ 127,532.20

Note: If you cannot meet the cash match requirement, check the box below and attach a match proposal as specified in Section 2 of the *Local Emergency Management Performance Grant Guide*. TDEM must review and approve any exceptions made to the cash match requirement at the time of application. Cash Match Exception Requested

CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.

k. Typed Name of Authorized Official:	Dan A. Gattis
l. Title of Authorized Official:	County Judge
m. Original Signature of Authorized Official:	
n. Date Signed:	

