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**Agency Name:** Williamson County  
**Grant/App:** 3263101 **Start Date:** 9/1/2017 **End Date:** 6/30/2019

**Project Title:** Williamson County Magnetic Patch  
**Status:** Application Pending Submission

### Eligibility Information

**Your organization's Texas Payee/Taxpayer ID Number:**  
074000978

### Application Eligibility Certify:

Created on: 1/6/2017 1:55:46 PM By: Jarred Thomas

### Profile Information

**Applicant Agency Name:** Williamson County  
**Project Title:** Williamson County Magnetic Patch  
**Division or Unit to Administer the Project:** Hazmat  
**Address Line 1:** 911 Tracy Chambers Lane  
**Address Line 2:**  
**City/State/Zip:** Georgetown Texas 78626-6389  
**Start Date:** 9/1/2017  
**End Date:** 6/30/2019

**Regional Council of Governments(COG) within the Project's Impact Area:** Capital Area Council of Governments  
**Headquarter County:** Williamson  
**Counties within Project's Impact Area:** Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson

### Grant Officials:

#### Authorized Official

**User Name:** Dan Gattis  
**Email:** dgattis@wilco.org  
**Address 1:** 710 South Main Street  
**Address 1:**  
**City:** Georgetown, Texas 78626  
**Phone:** 512-943-1577 Other Phone: 512-943-1550  
**Fax:** 512-943-1662  
**Title:** The Honorable  
**Salutation:** Judge  
**Position:** County Judge

#### Project Director

**User Name:** Jarred Thomas  
**Email:** jthomas@wilco.org  
**Address 1:** 911 Tracy Chambers Lane  
**Address 1:**  
**City:** Georgetown, Texas 78626  
**Phone:** 512-864-8269 Other Phone:  
**Fax:**  
**Title:** Mr.  
**Salutation:** Mr.  
**Position:** EMC

#### Financial Official

**User Name:** David Flores  
**Email:** dflores@wilco.org  
**Address 1:** 710 S. Main Street, Suite 301  
**Address 1:**  
**City:** Georgetown, Texas 78626  
**Phone:** 512-943-1500 Other Phone:  
**Fax:** 512-943-1567  
**Title:** Mr.  
**Salutation:** Mr.  
**Position:** County Auditor

#### Grant Writer

**User Name:** Cynthia Hood  
**Email:** chood@wilco.org

**Address 1:** 911 Tracy Chambers Lane

**Address 1:**

**City:** Georgetown, Texas 78626

**Phone:** 512-864-8267 Other Phone:

**Fax:**

**Title:** Ms.

**Salutation:** Ms.

**Position:** EM Specialist

## Grant Vendor Information

**Organization Type:** County

**Organization Option:** applying to provide homeland security services

**Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):**  
074000978

**Data Universal Numbering System (DUNS):** 076930049

## Narrative Information

### Overview

The purpose of the Homeland Security Grant Program (HSGP) is to support state and local efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States. HSGP provides funding to implement investments that build, sustain, and deliver the 32 core capabilities essential to achieving the National Preparedness Goal (the Goal) of a secure and resilient Nation. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community. HSGP supports core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery based on allowable costs.

### Primary Mission and Purpose

State Homeland Security Program (SHSP): Supports state, Tribal and local preparedness activities that address high-priority preparedness gaps across all core capabilities where a nexus to terrorism exists. All investments must be consistent with capability targets set during the Threat and Hazard Identification and Risk Assessment (THIRA) process, and gaps identified in the State Preparedness Report (SPR).

Many activities which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. However, **all SHSP projects must assist grantees in achieving target capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism.**

### Eligibility Requirements

#### National Incident Management System (NIMS) Implementation

Grantees are required to implement NIMS. The NIMS uses a systematic approach to integrate the best existing processes and methods into a unified national framework for incident management across all homeland security activities including prevention, protection, response, mitigation, and recovery. Grantees must use standardized resource management concepts for resource typing, credentialing, and an inventory to facilitate the effective identification, dispatch, deployment, tracking and recovery of resources.

**Emergency Management Plans (Intermediate Level)** Cities and counties must have a current emergency management plan or be a legally established member of an inter-jurisdictional emergency management program with a plan on file with the Texas Department of Public Safety, Texas Division of Emergency Management (TDEM). Plans must be maintained throughout the entire grant performance period and must be at least at the Intermediate Level. If you have questions concerning your Emergency Management Plan (preparedness) level, contact your Emergency Management Coordinator (EMC) or your regional Council of Governments (COG). For questions concerning plan deficiencies, contact TDEM at [tdem.plans@dps.texas.gov](mailto:tdem.plans@dps.texas.gov).

**Criminal History Reporting** Entities receiving funds from HSGD must be located in a county that has an average of 90% or above on both adult and juvenile dispositions entered into the computerized criminal history database maintained by the Texas Department of Public Safety (DPS) as directed in the *Texas Code of Criminal Procedure, Chapter 60*. The disposition completeness percentage is defined as the percentage of arrest charges a county reports to DPS for which a disposition has been subsequently reported and entered into the computerized criminal history system.

**Uniform Crime Reporting (UCR)** Eligible applicants operating a law enforcement agency must be current on reporting Part I violent crime data to the Texas Department of Public Safety (DPS) for inclusion in the annual Uniform Crime Report (UCR). To be considered eligible for funding, applicants must have submitted a full twelve months of accurate data to DPS for the most recent calendar year.

### Program Requirements

**Building and Sustaining Core Capabilities**

Funding should be used to sustain core capabilities. New capabilities should not be built at the expense of maintaining current and critically needed core capabilities. New capabilities must be aligned with capability targets and gaps identified through the THIRA/SPR process.

**Mission Areas**

The National Preparedness Goal organizes the core capabilities into the five mission areas:

- **Prevention.** Prevent, avoid or stop an imminent, threatened or actual act of terrorism.
- **Protection.** Protect our citizens, residents, visitors, and assets against the greatest threats and hazards in a manner that allows our interests, aspirations, and way of life to thrive.
- **Mitigation.** Reduce the loss of life and property by lessening the impact of future disasters.
- **Response.** Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident.
- **Recovery.** Recover through a focus on the timely restoration, strengthening and revitalization of infrastructure, housing and a sustainable economy, as well as the health, social, cultural, historic and environmental fabric of communities affected by a catastrophic incident.

**Program Income**

Applicant agrees to comply with all federal and state rules and regulations for program income and agrees to report all program income that is generated as a result of the project's activities. Applicant agrees to report program income through a formal grant adjustment and to secure HSGD approval prior to use of the program income. Applicant agrees to use program income for allowable costs and agrees to expend program income immediately after HSGD's approval of a grant adjustment and prior to requesting reimbursement of funds.

**Deduction Method** - Program income shall be deducted from total allowable costs to determine the net allowable costs. Program income shall be used for current costs unless HSGD authorizes otherwise. Program income which the grantee did not anticipate at the time of the award shall be used to reduce the HSGD award and grantee match rather than to increase the funds committed to the project.

**Asset Seizures and Forfeitures** - Program income from asset seizures and forfeitures is considered earned when the property has been adjudicated to the benefit of the plaintiff (e.g., law enforcement entity).

**Certification**

Each applicant agency must certify to the specific requirements detailed above as well as all requirements within the HSGD Funding Announcement, the eGrants application, the OOG's Guide to Grants, and the OOG's Grantee Conditions and Responsibilities to be eligible for this program.

☒ I certify to all of the application content and requirements.

**Project Summary :**

Briefly summarize the project, including proposed activities and intended impact.

The Williamson County Hazmat Team is one of 3 CAPCOG Regional CBRNE Teams that covers the 10-county CAPCOG Region. The team regularly responds to incidents where hazmat/CBRNE is located. This project is for a Magnetic Patch for quickly patching leaks related to hazardous materials being transported via rail across Williamson County. Union Pacific recommends this type of magnetic patch for a quick and easy way to patch such leaks.

**Problem Statement :**

Provide a detailed account of the issues, threats or hazards that your project will target. For federal Homeland Security Grants, include specific references to the regional or state *Threat and Hazard Identification and Risk Assessment (THIRA)*, as applicable.

There are two major rail lines in Williamson County that routinely transport hazardous cargo and the potential for leakage is always present. Hazmat Release-Chemical has been identified as one of the highest threats/hazards in the CAPCOG Region and is the first threat/hazard identified in the CAPCOG THIRA Page 1.

**Existing Capability Levels :**

Describe the existing capability levels, including resources that are currently in place to support this project prior to the use of grant funds.

Currently, we would use ratchet straps on the rail cars and rubber patch kits.

**Existing Capability Gaps:**

Describe the capability gaps which will be addressed by the project. For federal Homeland Security Grants, include specific references to the regional or statewide State Preparedness Report (SPR).

The current method described above may not be quick enough to sufficiently protect the population that could be exposed by hazmat due to leakage. SPR - Page 42 - Environmental Response/Health and Safety Core Capability, High Priority, Page 62 - Situational Assessment Core Capability, High Priority, Page 19 Screening, Search, and Detection Core Capability, High Priority

**Impact Statement :**

Describe the project goals/objectives and how this project will maintain capabilities or reduce capability gaps.

The magnetic patch would give us quicker patching and resolution of the leak versus spending time climbing over a rail car to apply a ratchet and patch.

**Homeland Security Priority Actions:**

Identify the Texas Homeland Security Priority Action most closely aligned with this project. Each Priority Action is linked with an *Objective from the Texas Homeland Security Strategic Plan (HSSP)*. List the Priority Action by number and text (e.g. *1.2.3 Expand and enhance the network of human sources that can provide detailed and relevant information on known or suspected terrorist and criminal enterprises.*)

**2.2.2 Reduce the risk of chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) incident by enhancing control and early detection capabilities.**

**Target Group :**

Identify the target group and population expected to benefit from this project.

**Williamson County currently operates and maintains a Level I HazMat Team with primary responsibilities for the County and secondary for the CAPCOG Region. The Team has a long history of local and regional participation to include both response and training. The Team is coordinated by Williamson County but comprised of multiple Fire and EMS agencies within the County.**

**Long-Term Approach:**

Describe how the applicant agency will maintain the capabilities supported by this project without additional federal funds. If sustainment is dependent upon federal grants, describe the ongoing need for future grants, as applicable.

**Williamson County Hazmat Team will maintain this project. If necessary, we will seek homeland security grant funds for replacement.**

**Project Activities Information****HSGP Instructions for Project Activity Selection**

Homeland Security Grant Program (HSGP) applicants should only select one project activity. The eGrants system will allow multiple selections, but each HSGP subrecipient project must fit into one and only one of the Investment Categories that are listed as project activities under the "Activity List".

**Selected Project Activities:**

| ACTIVITY                                                           | PERCENTAGE: | DESCRIPTION                                                                                                       |
|--------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------|
| Sustaining Special Response Teams and First Responder Capabilities | 100.00      | This patch will be utilized to stop leaks of hazardous materials. It will also be used in training and exercises. |

**Measures Information****Objective Output Measures**

| OUTPUT MEASURE                                                                    | TARGET LEVEL |
|-----------------------------------------------------------------------------------|--------------|
| Number of exercises conducted.                                                    | 1            |
| Number of individuals participating in exercises.                                 | 36           |
| Number of people trained.                                                         | 36           |
| Number of Special Response Team personnel provided with new or updated equipment. | 1            |
| Number of Special Response Teams created, maintained or enhanced.                 | 1            |
| Number of trainings conducted.                                                    | 3            |

**Objective Outcome Measures**

| OUTCOME MEASURE | TARGET LEVEL |
|-----------------|--------------|
|-----------------|--------------|

**Custom Output Measures**

| CUSTOM OUTPUT MEASURE | TARGET LEVEL |
|-----------------------|--------------|
|-----------------------|--------------|

**Custom Outcome Measures**

| CUSTOM OUTCOME MEASURE | TARGET LEVEL |
|------------------------|--------------|
|------------------------|--------------|

**Resolution from Governing Body**

Applications from nonprofit corporations, local units of governments, and other political subdivisions must include a [resolution](#) that contains the following:

1. Authorization by your governing body for the submission of the application to OOG/HSGD that clearly identifies the name of the project for which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update HSGD should the official change during the grant period.); and
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to HSGD.

Upon approval from your agency's governing body, upload the [approved](#) resolution to eGrants by going to the Upload.Files tab and following the instructions on Uploading eGrants Files.

**Contract Compliance**

Will HSGD grant funds be used to support any contractual or professional services?

Select the Appropriate Response:

☐ Yes  
☒ No

For applicant agencies that selected Yes above, describe how you will monitor the activities of the sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

**Lobbying**

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the Appropriate Response:

☐ Yes  
☒ No  
☐ N/A

For applicant agencies that selected either No or N/A above, have any non-federal funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

☐ Yes  
☒ No  
☐ N/A

### Fiscal Year

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx).

Enter the Begin Date [mm/dd/yyyy]:

10/1/2016

Enter the End Date [mm/dd/yyyy]:

9/30/2017

### Sources of Financial Support

Each applicant must provide the amount of grant funds expended during the most recently completed fiscal year for the following sources:

Enter the amount (\$) of Federal Grant Funds:

3088225

Enter the amount (\$) of State Grant Funds:

1302852

### Single Audit

Applicants who expend less than \$750,000 in federal grant funding or less than \$750,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a HSGD grant. However, HSGD may require a limited scope audit as defined in 2 CFR Part 200, Subpart F - Audit Requirements.

Has the applicant agency expended federal grant funding of \$750,000 or more, or state grant funding of \$750,000 or more during the most recently completed fiscal year?

☒ Yes  
☐ No

Applicant agencies that selected Yes above, provide the date of your organization's last annual single audit, performed by an independent auditor in accordance with the State of Texas Single Audit Circular; or CFR Part 200, Subpart F - Audit Requirements.

Enter the date of your last annual single audit:

9/30/2015

### Debarment

Each applicant agency will certify that it and its principals (as defined in 2 CFR Part 180.995):

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

☒ I Certify  
☐ Unable to Certify

Enter the debarment justification:

### FFATA Certification

Certification of Recipient Highly Compensated Officers – The Federal Funding Accountability and Transparency Act (FFATA) requires Prime Recipients (HSGD) to report the names and total compensation of each of the five most highly compensated officers (a.k.a. positions) of each sub recipient organization for the most recently completed fiscal year preceding the year in which the grant is awarded if the subrecipient answers YES to the FIRST statement but NO to the SECOND statement listed below.

In the sub recipient's preceding completed fiscal year, did the sub recipient receive: (1) 80 percent or more of its annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements?

☐ Yes  
☒ No

Does the public have access to information about the compensation of the senior executives through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or Section 6104 of the Internal Revenue Code of 1986?

☒ Yes  
☐ No

If you answered YES to the FIRST statement and NO to the SECOND statement, please provide the name and total compensation amount of each of the five most highly compensated officers (a.k.a. positions) within your agency for the current calendar year. If you answered NO to the first statement you are NOT required to provide the name and compensation amounts. NOTE: "Total compensation" means the complete pay package of each of the sub recipient's compensated officers, including all forms of money, benefits, services, and in-kind payments (see SEC Regulations: 17 CCR 229.402).

Position 1 - Name:

Position 1 - Total Compensation (\$):

0

Position 2 - Name:

Position 2 - Total Compensation (\$):

0

Position 3 - Name:

Position 3 - Total Compensation (\$):

0

Position 4 - Name:

Position 4 - Total Compensation (\$):

0

Position 5 - Name:

Position 5 - Total Compensation (\$):

0

## Homeland Security Information

### FUND SOURCE INFORMATION AND REQUIREMENTS

DHS Project Type: Establish/enhance regional response teams

#### Capabilities

Core Capability: Environmental Response/Health and Safety

Identify if this investment focuses on building new capabilities or sustaining existing capabilities. : New Capabilities (Build)

Are the assets or activities Deployable or Shareable: Deployable

\_\_\_ Check if this Investment requires new construction or renovation, retrofitting, or modification of existing structures

\_\_\_ Check if these funds will support a project that was previously funded with HSGP funding

#### Project Management Step Involved:

Check the step that most closely resembles the phase of the project activities to be completed during the grant period.

Step: Execute

Description: The period within the project lifecycle during which the actual work of creating the project's deliverables is carried out.

Process: Involves directing, accomplishing, managing, and completing all phases and aspects of work for a given project.

#### Milestones

Milestone: Prepare Agenda Item for Commissioners Court and Submit; Completion Date: 10-12-2017

Milestone: Prepare RFP and process per county policy; Completion Date: 04-27-2018

Milestone: Submit Purchase Order to vendor.; Completion Date: 05-25-2018

Milestone: Receive new equipment; Completion Date: 11-30-2018

Milestone: Installation and Begin Training and Using.; Completion Date: 12-31-2018

#### NIMS Resources

\_\_\_ Check if this project supports a NIMS typed resource

Enter the name of the typed resources from the Resource Type Library Tool: Type 1 - Hazmat Entry Team

Enter the ID of the typed resources from the Resource Type Library Tool: 4-508-1123

## Fiscal Capability Information

### Section 1: Organizational Information

Enter the Year in which the Corporation was Founded:

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status:

Enter the Employer Identification Number Assigned by the IRS:

Enter the Charter Number assigned by the Texas Secretary of State:

### Section 2: Accounting System

The grantee organization must incorporate an accounting system that will track direct and indirect costs for the organization (general ledger) as well as direct and indirect costs by project (project ledger). The grantee must establish a time and effort system to track personnel costs by project. This should be reported on an hourly basis, or in increments of an hour.

Is there a list of your organization's accounts identified by a specific number (i.e., a general ledger of accounts).

Select the appropriate response:

- ☐ Yes  
☐ No

Does the accounting system include a project ledger to record expenditures for each Program by required budget cost categories?

Select the appropriate response:

- ☐ Yes  
☐ No

Is there a timekeeping system that allows for grant personnel to identify activity and requires signatures by the employee and his or her supervisor?

Select the appropriate response:

- ☐ Yes  
☐ No

If you answered 'No' to any question above in the Accounting System section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

### Section 3: Financial Capability

Grant agencies should prepare annual financial statements. At a minimum, current internal balance sheet and income statements are required. A balance sheet is a statement of financial position for a grant agency disclosing assets, liabilities, and retained earnings at a given point in time. An income statement is a summary of revenue and expenses for a grant agency during a fiscal year.

Has the grant agency undergone an independent audit?

Select the appropriate response:

- ☐ Yes  
☐ No

Does the organization prepare financial statements at least annually?

Select the appropriate response:

- ☐ Yes  
☐ No

According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?

Select the appropriate response:

- ☐ Yes  
☐ No

If you selected 'No' to any question above under the Financial Capability section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

### Section 4: Budgetary Controls

Grant agencies should establish a system to track expenditures against budget and / or funded amounts.

Are there budgetary controls in effect (e.g., comparison of budget with actual expenditures on a monthly basis) to include drawing down grant funds in excess of:

a) Total funds authorized on the Statement of Grant Award?

- ☐ Yes  
☐ No

b) Total funds available for any budget category as stipulated on the Statement of Grant Award?

- ☐ Yes  
☐ No

If you selected 'No' to any question above under the Budgetary Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

### Section 5: Internal Controls

Grant agencies must safeguard cash receipts, disbursements, and ensure a segregation of duties exist. For example, one person should not have authorization to sign checks and make deposits.

Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, invoices)?

Select the appropriate response:

- ☐ Yes  
☐ No

Is there separation of responsibility in the receipt, payment, and recording of costs?

Select the appropriate response:

- ☐ Yes  
☐ No

If you selected 'No' to any question above under the Internal Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

### Budget Details Information

Budget Information by Budget Line Item:

| CATEGORY                               | SUB CATEGORY                            | DESCRIPTION                             | CJD        | CASH MATCH | IN-KIND MATCH | GPI    | TOTAL      | UNIT/% |
|----------------------------------------|-----------------------------------------|-----------------------------------------|------------|------------|---------------|--------|------------|--------|
| Supplies and Direct Operating Expenses | 03OE-03-KTCL Kit, Chemical Leak Control | Magnet Patch for Chemical Leak Control. | \$5,800.00 | \$0.00     | \$0.00        | \$0.00 | \$5,800.00 | 0      |

### Source of Match Information

Detail Source of Match/GPI:

| DESCRIPTION | MATCH TYPE | AMOUNT |
|-------------|------------|--------|
|-------------|------------|--------|

Summary Source of Match/GPI:

| Total Report | Cash Match | In Kind | GPI Federal Share | GPI State Share |
|--------------|------------|---------|-------------------|-----------------|
| \$0.00       | \$0.00     | \$0.00  | \$0.00            | \$0.00          |

### Budget Summary Information

Budget Summary Information by Budget Category:

| CATEGORY                               | CJD        | CASH MATCH | IN-KIND MATCH | GPI    | TOTAL      |
|----------------------------------------|------------|------------|---------------|--------|------------|
| Supplies and Direct Operating Expenses | \$5,800.00 | \$0.00     | \$0.00        | \$0.00 | \$5,800.00 |

Budget Grand Total Information:

| CJD        | CASH MATCH | IN-KIND MATCH | GPI    | TOTAL      |
|------------|------------|---------------|--------|------------|
| \$5,800.00 | \$0.00     | \$0.00        | \$0.00 | \$5,800.00 |

**Condition Of Fundings Information**

| Condition of Funding / Project Requirement | Date Created | Date Met | Hold Funds | Hold Line Item Funds |
|--------------------------------------------|--------------|----------|------------|----------------------|
|--------------------------------------------|--------------|----------|------------|----------------------|

You are logged in as User Name: jthomas