

AGENDA ITEM # 15

January 12, 1999

Consider awarding, rejecting or extending bid for laser radar for Sheriff's Department.

Moved: Commissioner Hays

Seconded: Commissioner Boatright

Motion: To award Applied Concepts, Inc. \$2,995.00 bid for laser radar for Sheriff's Department.

Vote: Motion carried 5 - 0

AGENDA ITEM # 16

January 12, 1999

Consider awarding, rejecting or extending bid for landscape contract.

Maintenance Department Joe Latteo recommended awarding Item #10 for the Central Maintenance Facility specifications to the best and lowest bid of Greener Side from Austin without fertilization at \$1,395.00 monthly.

Items #1 through #9 (the rest of the county) excluding the Justice of the Peace #4 building in Taylor be awarded to the best and lowest bid of Bill's Greenhill Service of Georgetown for \$2,295.00 per month.

Mr. Latteo recommended the Justice of the Peace #4 building in Taylor not be awarded on a contract but pay for the services as needed for an estimated \$2,000.00 per year. Personal Touch Landscaping from Taylor would be willing to work from a purchase order instead of a contract. Mr. Latteo will request the work as needed.

A contract would probably become necessary once the Taylor Annex building is completed Mr. Latteo advised.

Moved: Judge Doerfler

Seconded: Commissioner Boatright

Motion: To award landscape contract per recommendation of Mr. Latteo:

Item #10 to Greener Side without fertilization at \$1,395.00 monthly;

Items #1 through #9 excluding Justice of the Peace #4 building in Taylor be awarded to Bill's Greenhill Service of Georgetown for \$2,295.00 per month;

Justice of the Peace #4 building in Taylor -no bid award - purchase order as services are needed (approximately \$2,000.00 year).

Vote: Motion carried 5 - 0

AGENDA ITEM # 17

January 12, 1999

Consider supporting resolution to continue Task Force grant from June, 1999 to May 31, 2000.

Moved: Commissioner Hays

Seconded: Judge Doerfler

Motion: To approve resolution to continue Task Force grant from June, 1999, through May 31, 2000, along with application for \$564,002.00 grant to Capitol Area Narcotics Task Force to the Office of the Governor, Criminal Justice Division, Texas Narcotics Control Program.

Vote: Motion carried 5 - 0

## RESOLUTION

**WHEREAS,**

The Williamson County Commissioners Court finds it in the best interest of the citizens of Williamson County, that the Capitol Area Narcotics Task Force be operated for the 1999 - 2000 years; and

**WHEREAS,**

The Williamson County Commissioners Court has considered the proposed application for State and Federal Assistance for said project, in the amount of \$564,002 to be submitted to the Office of the Governor, Criminal Justice Division, Texas Narcotics Control Program; and

**WHEREAS,**


The Williamson County Commissioners Court has agreed to provide matching moneys for the said project in the amount of \$239,317, or an amount equal to one-fourth of the total project cost, as required by the grant application; and

**WHEREAS,**

The Williamson County Commissioners Court has agreed that in the event of loss or misuse of the Criminal Justice Division funds, the Williamson County Commissioners Court assures that the funds will be returned to the Criminal Justice Division in full,

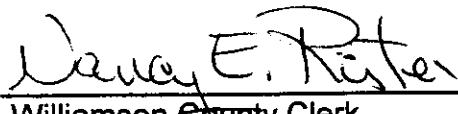
**NOW THEREFORE, BE IT RESOLVED**

that the Williamson County Commissioners Court approves submission of the grant application for the Capitol Area Narcotics Task Force to the Office of the Governor, Criminal Justice Division, Texas Narcotics Control Program in the amount of \$564,002.

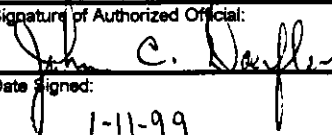
 1-12-99  
Williamson County Judge

Passed and approved this 12th day of January, 1999.

Attest

  
Williamson County Clerk

**APPLICATION FOR GRANT FUNDING**  
**OFFICE OF THE GOVERNOR, CRIMINAL JUSTICE DIVISION**  
**P. O. BOX 12428, AUSTIN, TEXAS 78711**

<b>1. Legal name of organization applying</b> <b>Williamson County</b>			<b>10. Title of Project</b> <b>Capitol Area Narcotics Task Force</b>																	
<b>2. Division or unit within the applicant organization to administer the project</b> <b>Capitol Area Narcotics Task Force</b>			<b>11. Application for:</b> <input type="checkbox"/> Criminal Justice Fund (state) <input type="checkbox"/> Juvenile Justice and Delinquency Prevention Act Fund (federal) CFDA-16.540 <input type="checkbox"/> Title V Delinquency Prevention Fund (federal) CFDA-16.548 <input type="checkbox"/> Safe & Drug-Free Schools & Communities Act Fund (federal) CFDA-84.186 <input type="checkbox"/> Victims of Crime Act Fund (federal) CFDA-16.575 <input type="checkbox"/> Violence Against Women Act Fund (federal) CFDA-16.588 <input checked="" type="checkbox"/> Texas Narcotics Control Program (federal) CFDA-16.579 <input type="checkbox"/> Crime Stoppers Assistance Fund (state) <input type="checkbox"/> Other																	
<b>3. Official applicant organization mailing address</b> <b>105 Tradesman Drive, Unit D, Hutto, Texas 78634</b>			<b>12. County where project is based:</b> <b>Williamson</b>																	
<b>4. Type of Applicant (check one box only):</b> <table style="width: 100%;"><tr><td><input type="checkbox"/> Regional Council of Governments</td><td><input type="checkbox"/> State Agency</td></tr><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> Nonprofit Organization</td></tr><tr><td><input checked="" type="checkbox"/> County</td><td><input type="checkbox"/> Native American Tribe</td></tr><tr><td><input type="checkbox"/> University or College</td><td><input type="checkbox"/> Certified Crime Stoppers Program</td></tr><tr><td><input type="checkbox"/> Independent School District</td><td><input type="checkbox"/> Faith-based Organization</td></tr><tr><td><input type="checkbox"/> Regional Educational Service Center</td><td><input type="checkbox"/> Local Crime Control &amp; Prevention District</td></tr></table>			<input type="checkbox"/> Regional Council of Governments	<input type="checkbox"/> State Agency	<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Native American Tribe	<input type="checkbox"/> University or College	<input type="checkbox"/> Certified Crime Stoppers Program	<input type="checkbox"/> Independent School District	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Regional Educational Service Center	<input type="checkbox"/> Local Crime Control & Prevention District	<b>13. Population of the county where the project is based.</b> <b>200,000</b>					
<input type="checkbox"/> Regional Council of Governments	<input type="checkbox"/> State Agency																			
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization																			
<input checked="" type="checkbox"/> County	<input type="checkbox"/> Native American Tribe																			
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<input type="checkbox"/> Independent School District	<input type="checkbox"/> Faith-based Organization																			
<input type="checkbox"/> Regional Educational Service Center	<input type="checkbox"/> Local Crime Control & Prevention District																			
<b>5. Person who completed this application or can answer specific questions about it.</b>  Name: <u>Retlaw Greene</u> Title: <u>Commander</u> Address: <u>105 Tradesman Dr., Unit D</u> <u>Hutto, Texas 78634</u>  Telephone number: <u>512-759-1000</u> Fax number: <u>512-759-2149</u> e-mail address: <u>cantf@ccsi.com</u>			<b>14. All cities and counties in the service area of the project and the population of each.</b> <b>Counties of Bastrop, Caldwell, Lee, Fayette, Travis, and Williamson and all cities and or towns located in such.</b>																	
<b>6. Agency's State Payee Identification Number:</b> <b>1746000978</b>			<b>15. Grant Start Date:</b> <b>1-Jun-99</b>																	
<b>7. Agency's last Audit date:</b> <b>Dec-98</b>			<b>16. Are the activities proposed in this application 100% juvenile-related?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in box identify the number of the needs statement this application addresses. See page one of the Plan. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>																	
<b>8. Is the applicant delinquent on any state or federal debt?</b> <input type="checkbox"/> Yes (If "Yes", attach an explanation.) <input checked="" type="checkbox"/> No			<b>17. Is this an application for first year funding?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<table style="width: 100%;"><tr><td style="width: 20%;"><b>9. Requested Funds</b></td><td style="width: 40%;"><b>Budget Year A</b></td><td style="width: 40%;"><b>Budget Year B</b></td></tr><tr><td>CJD Grant Funds</td><td>\$564,002</td><td>N/A</td></tr><tr><td>Cash Match</td><td>\$239,317</td><td>N/A</td></tr><tr><td>In-Kind</td><td>\$0</td><td>N/A</td></tr><tr><td><b>TOTAL</b></td><td><b>\$803,319</b></td><td><b>N/A</b></td></tr></table>			<b>9. Requested Funds</b>	<b>Budget Year A</b>	<b>Budget Year B</b>	CJD Grant Funds	\$564,002	N/A	Cash Match	\$239,317	N/A	In-Kind	\$0	N/A	<b>TOTAL</b>	<b>\$803,319</b>	<b>N/A</b>	<b>18. Date and city of application workshop attended:</b> <b>23-Oct-98</b>		
<b>9. Requested Funds</b>	<b>Budget Year A</b>	<b>Budget Year B</b>																		
CJD Grant Funds	\$564,002	N/A																		
Cash Match	\$239,317	N/A																		
In-Kind	\$0	N/A																		
<b>TOTAL</b>	<b>\$803,319</b>	<b>N/A</b>																		
<b>19. If a local application, COG to which application is submitted.</b> <b>Capital Area Planning Council</b>			<b>20. If project is statewide, on what date was a copy of the application submitted for TRACS review?</b>																	
<b>FOR COG USE ONLY</b>			<b>Is this application shared with another COG?</b>																	
<b>To the best of my knowledge in this application is true and correct. The application had been duly authorized by the governing body of the applicant and agrees to comply with all CJD rules, including the attached assurances, if awarded.</b>			<b>CPTN#:</b>																	
<b>Typed Name of Authorized Official:</b> <b>John C. Doerfler</b>			<b>Region #:</b>																	
<b>Signature of Authorized Official:</b> 			<b>Priority #:</b>																	
<b>Date Signed:</b> <b>1-11-99</b>			<b>RBE: <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NA</b>																	
			<b>COG Application Identifier:</b>																	

DESIGNATION OF GRANT OFFICIALS

CJD rules require that three persons be designated to the positions of Authorized Official, Project Director, and Financial Officer for the purposes of administering a grant. The Financial Officer may not be the same person as the Project Director or the Authorized Official but, under extenuating circumstances, one person may serve as both the Authorized Official and the Project Director. See page 17 of the *Governor's Criminal Justice Plan for Texas: Applying for a Grant: Step Four*.

LEGAL NAME OF AGENCY: Williamson County

PROJECT TITLE: Capitol Area Narcotics Task Force

☒ Mr. ☐ Ms. Ed Richards

Project Director Name (Type or Print)

Sheriff - Williamson County

Title and Agency

508 Rock Street

Official Agency Mailing Address

Georgetown 78626

City Zip

512-943-1300

Telephone Number

512-943-1444

Fax Number

☒ Mr. ☐ Ms. David U. Flores

Financial Officer Name(Type or Print)

Auditor - Williamson County

Title and Agency

710 S. Main St., Ste. 300

Official Agency Mailing Address

Georgetown 78626

City Zip

512-943-1500

Telephone Number

512-943-1567

Fax Number

☒ Mr. ☐ Ms. John C. Doerfler

Authorized Official Name (Type or Print)

County Judge - Williamson County

Title and Agency

710 S. Main St., Ste 200

Official Agency Mailing Address

Georgetown 78626

City Zip

512-943-1550

Telephone Number

512-943-1567

Fax Number

**COMMUNITY PLAN ELIGIBILITY FORM**  
**SEE PAGE 16 OF THE PLAN FOR INFORMATION.**

FOR COG USE ONLY (APPLICANT LEAVE BLANK)
CPINC

NOTE: This form is for local applications only.

1. Name the plan(s)\* and last revision date(s) under which the applicant is submitting this application:
  1. Village Task Force and Interagency (12/98)
  2. Austin/Travis County Community Plan (11/98)
  3. Caldwell County Community Plan (11/98)
  4. Bastrop County Community Plan (11/98) (Includes Fayette and Lee Counties)
  
2. List the cities, counties, or parts thereof covered by each plan referenced under question one above:
  1. Williamson County
  2. Travis County
  3. Caldwell County
  4. Bastrop, Fayette and Lee Counties
  
3. For each community plan, state the problem(s) listed within it that this application would impact:
  1. Substance and drug abuse, juvenile crimes, gang activity, law enforcement training
  2. Substance abuse, juvenile crimes, drug abuse
  3. Substance abuse, juvenile delinquency
  4. Substance abuse, drug prevention, crime prevention, law enforcement training

\*Be sure to reference the name and submission date of each relevant community plan when answering the questions.

**SEE PAGES 18, 19, AND 20 OF THE PLAN FOR THE REQUIRED OUTLINE FOR THE NARRATIVE SUMMARY.**

**Use no more than five pages.**

## **PROJECT SUMMARY**

The goal of the Capitol Area Narcotics Task Force (Task Force) is to provide manpower and resources not readily available to law enforcement agencies within a six county area in order to stop the manufacture, distribution, sale and use of illegal narcotics.

In order to achieve this goal, this Task Force will work in cooperation with local sheriff departments, police departments, the Texas Department of Public Safety, the Drug Enforcement Administration, the Federal Bureau of Investigations, and other agencies enforcing federal, state, and local drug laws. The Task Force will target an area with an approximate population of 1,198,496 individuals trying in our best efforts to serve each and every one of them. Activities involved in such a project include the hiring of law enforcement officers to: gather intelligence on illegal narcotic activity through the hiring of informants or surveillance, open investigations regarding such activity, execute and document covert narcotic transactions, formulate and execute search warrants, make arrests, and provide testimony to prosecutors in a courtroom setting when needed. The Task Force will also utilize a highway interdiction officer to make traffic stops in order to apprehend individuals transporting narcotics within the boundaries of the six county area.

### **GOALS OF THE TASK FORCE**

Our goal is to reduce drug availability and to deter the transportation of drugs on our local highways through our drug interdiction program. We also will increase the cooperative combined efforts among agencies, along with educating persons of all ages of the consequences of drug use.

- Undercover investigation
- Drug interdiction program
- Execution of search warrants
- Buy bust investigation
- Make educational presentations at public functions and schools
- Provide information to media on major narcotic activity
- Solicit informants through arrests
- Provide quarterly reports to Texas Narcotics Control Program
- Provide information and monthly activity reports to the Board of Governors
- Assist other law enforcement agencies as needed

The effectiveness of this project can be determined by evaluating statistics compiled during the year on the amount of illegal narcotics being taken off the streets, the number of arrests made to eliminate narcotics traffickers, and the confiscation of assets used by such individuals. Hopefully in achieving our goal the real effectiveness of the program will be determined in years to come by reducing the availability of illegal narcotics to our children and grandchildren thus reversing the trends of crime in our neighborhoods.

**SEE PAGES 18, 19, AND 20 OF THE PLAN FOR THE REQUIRED OUTLINE FOR THE NARRATIVE SUMMARY.**

**Use no more than five pages.**

## **PROJECT NARRATIVE**

### **Section 1: Problem Statement and Statistics**

The overall increase of narcotic activity in the Central Texas area and the continued challenges facing local law enforcement agencies as they attempt to provide the manpower and resources needed to combat the problem.

Statistics compiled from local law enforcement agencies serving our six county jurisdiction show an increase of 100% in felony narcotic cases filed over last year, i.e. manufacture of methamphetamines, possession and sale of L.S.D. and black tar heroin. Reports have also shown an overall increase in other crimes stemming from drug related activity of 60% to 70% over last year's statistics.

### **Section 2: Goal Statement**

Our goal is to reduce narcotic activity and deter the transportation of drugs on our local highways. We will also increase the cooperative combined efforts among local agencies by providing additional manpower and resources to fight the war on drugs.

### **Section 3: Target Group**

Our target group covers a six county area within Central Texas. The counties within our jurisdiction include Bastrop, Caldwell, Fayette, Lee, Williamson, and Travis. This jurisdiction has a population of approximately 1,198,496 individuals. Relative characteristics of our target group vary to include individuals from both an urban and rural background. These individuals are likely to have criminal records of past involvement in criminal gangs, illegal street narcotic activity, and drug manufacturing.

### **Section 4: Project Activities**

Our project will undertake the following activities on a regular basis:

1. Undercover investigations
2. Drug interdiction program
3. Execution of search warrants
4. Buy bust investigations
5. Make educational presentations at public functions and schools
6. Provide information to media on major narcotic activity
7. Solicit informants through arrests
8. Provide quarterly reports to Texas Narcotics Control Program
9. Provide information and monthly activity reports to the Board of Governors
10. Assist other law enforcement agencies as needed

SEE PAGES 18, 19, AND 20 OF THE PLAN FOR THE REQUIRED OUTLINE FOR THE NARRATIVE SUMMARY.  
Use no more than five pages.

Section 5: Project Objectives

**Output:** Last fiscal year: Drugs seized in monetary value \$2,109,438.00.

Felony cases - 220, Misdemeanor cases - 30, Assists - 158.

**Outcome:**

1. **Evaluation by Task Force Staff.** Based on monthly activity reports and input from the six county service area, the level of goal achievement will be determined.
2. **Assessment by Board of Governors.** Based on the monthly activity report provided for each board member for the six county service area, each individual board member can evaluate the effectiveness of drug enforcement for their county and then report back to the Task Force.

**Current Statistics - Drugs Seized in Monetary Values**

Drugs Seized	\$4,804,905.97
Felony Cases	472
Misdemeanors	135
Assists	205
Active Investigations	237



**Year A****BUDGET SUMMARY**

SEE PAGE 34 OF PLAN FOR INSTRUCTIONS.

Line	Schedule	BUDGET CATEGORIES	(1)	(2)	(3)	(4)
			CJD FUNDS	CASH MATCH	IN-KIND MATCH VOCA, VAWA, CSAF & Title V Only	TOTAL
1.	A.	Personnel (Salaries)	\$ 318,939	\$ 106,317	\$ 0.00	\$ 425,256
2.	A.	Personnel (Fringe Benefits)	93,330	31,119		124,449
3.	B.	Contractual	1,125	375	0.00	1,500
4.	C.	Travel and Training	5,909	1,971	0.00	7,880
5.	D.	Equipment	41,805	13,935	0.00	55,740
6.	E.	Cost for Space	25,942	8,648	0.00	34,590
7.	F.	Supplies and Direct Operating Expenses	76,952	76,952	0.00	153,904
8.		Total Direct Charges (Sum of 1-7)	\$ 564,002	\$ 239,317	\$ 0	\$ 803,319
9.	G.	Indirect Costs	0	0	0	0
10.		Totals (Sum of 8-9)	\$ 564,002	\$ 239,317	\$ 0	\$ 803,319
11.		Program Income (Total from sources listed below)				\$ 239,317

CASH MATCH*		PROGRAM INCOME	
Enter separately each source of matching funds and the amounts. Total must agree with Line 10, Column 2 above.		Total must agree with Line 11, Column 4 above.	
Source	Amount	Source	Amount
Generated Program Income from seizures and confiscated funds.	\$239,317	Generated Program Income from seizures and confiscated funds.	\$239,317

\* Applicant must disclose the source of cash match if any.

I have read and agree to the accuracy of pages CJD-5 through CJD-30 of this application and have initialed each page.

DAVID U. FLORES, COUNTY AUDITOR

Typed Name and Signature of Financial Officer as designated on Page CJD-2.

**Year A****SCHEDULE A - PERSONNEL SUMMARY**  
**SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS.****1. DIRECT SALARIES**

Title or Position	% of Time	(1)	(2)	(3)	(4)
		CJD Funds	Cash Match	In-kind Match <small>VOCA, VAWA, CSAF &amp; Title V</small>	TOTAL
(A) Asst. Commander - Williamson	100	\$ 27,680	\$ 9,227	\$	\$ 36,907
(B) Asst. Commander - Bastrop	100	27,680	9,227		36,907
(C) Financial Analyst - Williamson	100	27,940	9,314		37,254
(D) Administrative Asst. - Williamson	100	17,552	5,851		23,403
(E) Investigator - Williamson	100	24,458	8,153		32,611
(F) Investigator - Williamson	100	24,458	8,153		32,611
(G) Investigator - Bastrop	100	24,078	8,026		32,104
(H) Investigator - Bastrop	100	24,078	8,026		32,104
(I) Investigator - Caldwell	100	24,143	8,048		32,191
(J) Investigator - Caldwell	100	24,143	8,048		32,191
(K) Investigator - Fayette	100	24,143	8,048		32,191
(L) Investigator - Lee	100	24,143	8,048		32,191
(M) Investigator - Travis	100	24,443	8,148		32,591
<b>TOTAL DIRECT SALARIES</b>		\$ 318,939	\$ 106,317	\$ 0	\$ 425,256

**2. FRINGE BENEFITS**

	% of \$ Rate	CJD Funds	Cash Match	In-kind Match	TOTAL
FICA & Medicare	7.65%	\$ 24,400	\$ 8,137		\$ 32,537
Retirement	Var	29,289	9,762		39,051
Insurance (Life & Health)	Var	28,334	9,446		37,780
Worker's Compensation	Var	10,853	3,621		14,474
Unemployment Insurance	Var	454	153		607
Other (Explain)					
<b>TOTAL FRINGE BENEFITS</b>		\$ 93,330	\$ 31,119	\$ 0	\$ 124,449

<b>TOTAL PERSONNEL BUDGET</b>	\$ 412,269	\$ 137,436	\$ 0	\$ 549,705
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Financial Officer Initials

CJD-6

Issued: September, 1998

**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Asst. Commander - Williamson CountyPercentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)Total annual salary of this staff member regardless of source. \$ 36,907

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$27,680	\$9,227	\$36,907

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$2,118	\$706	\$2,824
Retirement	10.11%	\$2,799	\$933	\$3,732
Insurance (Life and Health)		\$2,070	\$690	\$2,760
Worker's Compensation		\$246	\$82	\$328
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

- ☐ This position was not funded under the previous grant.
- ☐ This position was funded under the previous grant and there is no change in salary or title from the previous grant for this position..
- ☒ This position was funded under the previous grant and there a change in salary from the previous grant because of:
- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.)
- (An explanation of the increase in job duties and amount of salary increase is attached).
- ☐ This position was funded under the previous grant, however, the title listed in this application differs from the previous grant. The previous title was \_\_\_\_\_

CJD-7

Issued: September, 1998

Year A

SCHEDULE A - PERSONNEL DETAIL

VOL 0102 PAGE 117

SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Assistant Commander - Bastrop County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 36,907

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$27,680	\$9,227	\$36,907

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$2,118	\$706	\$2,824
Retirement	9.56%	\$2,647	\$882	\$3,529
Insurance (Life and Health)		\$1,581	\$527	\$2,108
Worker's Compensation	9.25%	\$2,560	\$854	\$3,414
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.46%	\$31	\$11	\$42
Other				

CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:

- ☐ This position was not funded under the previous grant.
- ☐ This position was funded under the previous grant and there is no change in salary or title from the previous grant for this position..
- ☒ This position was funded under the previous grant and there a change in salary from the previous grant because of:
- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.)
- (An explanation of the increase in job duties and amount of salary increase is attached).
- ☒ This position was funded under the previous grant, however, the title listed in this application differs from the previous grant. The previous title was Asst. Commander - Williamson

**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Financial Analyst - Williamson County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 37,254

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$27,940	\$9,314	\$37,254

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$2,137	\$713	\$2,850
Retirement	10.11%	\$2,825	\$942	\$3,767
Insurance (Life and Health)		\$2,070	\$690	\$2,760
Worker's Compensation		\$18	\$6	\$24
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

- ☐ This position was not funded under the previous grant.
- ☐ This position was funded under the previous grant and there is no change in salary or title from the previous grant for this position..
- ☒ This position was funded under the previous grant and there a change in salary from the previous grant because of:
- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.;  
(An explanation of the increase in job duties and amount of salary increase is attached).
- ☐ This position was funded under the previous grant, however, the title listed in this application differs from the previous grant. The previous title was \_\_\_\_\_

**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Administrative Assistant - Williamson County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 23,403

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$17,552	\$5,851	\$23,403

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,343	\$448	\$1,791
Retirement	10.11%	\$1,775	\$592	\$2,367
Insurance (Life and Health)		\$2,070	\$690	\$2,760
Worker's Compensation		\$12	\$4	\$16
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

- ☐ This position was not funded under the previous grant.
- ☐ This position was funded under the previous grant and there is no change in salary or title from the previous grant for this position..
- ☒ This position was funded under the previous grant and there a change in salary from the previous grant because of:
- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match; (An explanation of the increase in job duties and amount of salary increase is attached).
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Year A

SCHEDULE A - PERSONNEL DETAIL

SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Williamson County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,611

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,458	\$8,153	\$32,611

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,871	\$624	\$2,495
Retirement	10.11%	\$2,473	\$824	\$3,297
Insurance (Life and Health)		\$2,070	\$690	\$2,760
Worker's Compensation		\$217	\$73	\$290
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

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- ☐ This position was not funded under the previous grant.
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(An explanation of the increase in job duties and amount of salary increase is attached).
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**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Williamson County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,611

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,458	\$8,153	\$32,611

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
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Retirement	10.11%	\$2,473	\$824	\$3,297
Insurance (Life and Health)		\$2,070	\$690	\$2,760
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Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

**CHOOSE ONE:**

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Year A

## SCHEDULE A - PERSONNEL DETAIL

SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Bastrop CountyPercentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)Total annual salary of this staff member regardless of source. \$ 32,104

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,078	\$8,026	\$32,104

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,842	\$614	\$2,456
Retirement	9.58%	\$2,303	\$767	\$3,070
Insurance (Life and Health)		\$1,581	\$527	\$2,108
Worker's Compensation	9.25%	\$2,227	\$743	\$2,970
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.46%	\$31	\$11	\$42
Other _____				

## CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

## IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:

- ☐ This position was not funded under the previous grant.
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- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
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- ☐ a promotion. (The previous title was: \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.)
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Year A

SCHEDULE A - PERSONNEL DETAIL

SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Bastrop County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,104

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,078	\$8,026	\$32,104

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,842	\$614	\$2,456
Retirement	9.56%	\$2,303	\$767	\$3,070
Insurance (Life and Health)		\$1,581	\$527	\$2,108
Worker's Compensation	9.25%	\$2,227	\$743	\$2,970
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.46%	\$31	\$11	\$42
Other				

CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
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☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).

☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)

☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.; (An explanation of the increase in job duties and amount of salary increase is attached).
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**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Caldwell County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,191

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,143	\$8,048	\$32,191

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,847	\$616	\$2,463
Retirement	8.04%	\$1,942	\$647	\$2,589
Insurance (Life and Health)		\$3,847	\$1,283	\$5,130
Worker's Compensation	1.99%	\$481	\$160	\$641
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.10%	\$25	\$8	\$33
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

- ☐ This position was not funded under the previous grant.
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- ☒ This position was funded under the previous grant and there a change in salary from the previous grant because of:
- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.;  
(An explanation of the increase in job duties and amount of salary increase is attached).
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Year A

SCHEDULE A - PERSONNEL DETAIL

SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Caldwell County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,191

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,143	\$8,048	\$32,191

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,847	\$616	\$2,463
Retirement	8.04%	\$1,942	\$647	\$2,589
Insurance (Life and Health)		\$3,847	\$1,283	\$5,130
Worker's Compensation	1.99%	\$481	\$160	\$641
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.10%	\$25	\$8	\$33
Other _____				

CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:

- ☐ This position was not funded under the previous grant.
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☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).

☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)

☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.; (An explanation of the increase in job duties and amount of salary increase is attached).
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**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Fayette County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,191

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,143	\$8,048	\$32,191

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,847	\$616	\$2,463
Retirement	7.00%	\$1,690	\$564	\$2,254
Insurance (Life and Health)		\$45	\$15	\$60
Worker's Compensation	5.00%	\$1,207	\$403	\$1,610
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.61%	\$41	\$14	\$55
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

- ☐ This position was not funded under the previous grant.
- ☐ This position was funded under the previous grant and there is no change in salary or title from the previous grant for this position..
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- ☒ an across -the-board cost-of-living increase 5 %. (copy of resolution is attached).
- ☐ a merit increase of \_\_\_\_\_ %. (An explanation is attached.)
- ☐ a promotion. (The previous title was \_\_\_\_\_ and ☐ was ☐ was not funded through the grant or match.)  
(An explanation of the increase in job duties and amount of salary increase is attached).
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Year A

SCHEDULE A - PERSONNEL DETAIL

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SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Lee County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,191

SALARY: (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,143	\$8,048	\$32,191

FRINGE BENEFITS: (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,847	\$616	\$2,463
Retirement	8.00%	\$1,932	\$644	\$2,576
Insurance (Life and Health)		\$3,852	\$1,284	\$5,136
Worker's Compensation	2.00%	\$483	\$161	\$644
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>	0.40%	\$270	\$90	\$360
Other				

CHOOSE ONE:

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:

- ☐ This position was not funded under the previous grant.
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**Year A****SCHEDULE A - PERSONNEL DETAIL****SEE PAGE 24 OF THE PLAN FOR INSTRUCTIONS**

Use one page for each person paid by the CJD grant, matching funds, In-kind donations, or any combination of them. Copy this form as many times as necessary.

Job Title: Investigator - Travis County

Percentage of time to be spent on grant-funded project: % 100 (at least 25% of a 40 hour week)

Total annual salary of this staff member regardless of source. \$ 32,591

**SALARY:** (carry all four totals to one row on the Personnel summary page using the job title listed above.)

CJD FUNDS	MATCHING FUNDS	TOTAL
\$24,443	\$8,148	\$32,591

**FRINGE BENEFITS:** (add these amounts with those for each personnel Detail page and place totals on Personnel Summary page.)

	RATE	CJD FUNDS	MATCHING FUNDS	TOTAL BENEFITS
FICA and Medicare	7.65%	\$1,870	\$624	\$2,494
Retirement	8.94%	\$2,185	\$729	\$2,914
Insurance (Life and Health)		\$1,650	\$550	\$2,200
Worker's Compensation		\$477	\$159	\$636
Unemployment Insurance <small>Calculated on first \$9,000 of salary, if applicable</small>				
Other _____				

**CHOOSE ONE:**

- ☒ Applicant is using the agency's classification schedule that has been approved by the governing board.
- ☐ Applicant does not have an approved salary classification schedule but has attached an explanation of the salary structure that includes justifications for the amount of this salary request and compares this salary to similar positions in the community.

**IF A CONTINUATION APPLICATION, CHOOSE AS MANY AS APPLY:**

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- (An explanation of the increase in job duties and amount of salary increase is attached).
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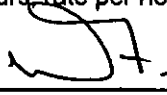
Year A  
SCHEDULE B - PROFESSIONAL AND CONTRACTUAL SERVICES  
SEE PAGE 25 OF THE PLAN FOR INSTRUCTIONS

	(1)	(2)	(3)	(4)
DESCRIPTION OF SERVICE	CJD Funds	Cash Match	In-kind Match <small>VOCA, VAWA, CSAF, Title V</small>	TOTAL
(A) Outside Audit	\$ 1,125.00	\$ 375.00	\$ 0.00	\$ 1,500.00
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
(J)				
(K)				
(L)				
TOTAL PROFESSIONAL AND CONTRACTUAL SERVICES	\$ 1,125	\$ 375	\$ 0	\$ 1,500

- CHOOSE ONE:
- ☒ No contract or group of contracts to a single vendor will exceed \$15,000.
  - ☐ One or more contracts or groups of contracts to a single vendor will exceed \$15,000. Draft contracts are not available but the applicant agency understands that these draft contracts must be approved by CJD prior to their execution and the release of funds.
  - ☐ One or more contracts or groups of contracts to a single vendor will exceed \$15,000. Draft contracts are attached.

- CHOOSE ONE:
- ☒ All professional and contractual costs requested are listed in the CJD Maximum Rate Schedule on page 26 of the *Plan* and the amounts requested are within those allowable rates.
  - ☐ With the exception of the following, all professional and contractual costs requested are listed in the CJD Maximum Rate Schedule on page 26 of the *Plan* and the amounts requested are within those allowable rates.
    - Pattillo, Brown, and Hill (explanation is attached.)  
name of contract
    - (explanation is attached.)  
name of contract

**REQUIRED BUDGET NARRATIVE:** Use as many additional pages as needed to briefly describe and justify any anticipated contractual arrangement and work products expected. Describe basis for arriving at the cost of each line item. Professional services (such as consultants, trainers, counselors, etc.) should be described by type of service, number of hours, rate per hour, and travel costs, if any. Use additional pages as needed.

  
Financial Officer Initials

CJD-8

Issued: September, 1998



**Criminal Justice Division,  
Office of the Governor**

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**REQUIRED BUDGET NARRATIVE****SCHEDULE B – Professional and Contractual Services****(A) Outside Audit**

The amount requested for the outside audit is based on Williamson County's contract with the outside accounting firm of Pattillo, Brown, and Hill. Annually the county accepts bids from accounting firms to audit the county's financial system in compliance with state and local laws. Pattillo, Brown, and Hill of Waco, Texas has been awarded the bid for fiscal year 1998 – 1999. As part of the county audit, Pattillo, Brown, and Hill will perform an audit on the Task Force in compliance with federal, state, and local laws. The amount requested is based on figures obtained by this firm on billable hours and travel expenses. The amount represents a percentage of the total bid award for Williamson County.

Year A  
SCHEDULE C - TRAVEL SUMMARY

	CJD Funds	Cash Match	In-Kind <small>VOCA, VAWA, CSAF, Title V</small>	TOTAL
Local Personal Vehicle Mileage Costs	\$ 252	\$ 84	\$ 0	\$ 336

NON-LOCAL TRAVEL

Destination or name of conference	CJD Funds	Cash Match	In-Kind <small>VOCA, VAWA, CSAF, Title V</small>	TOTAL
TNCP Conference	\$ 3,841	\$ 1,281	\$	\$ 5,122
Round Rock	60	20		80
Austin - Supervisors Course	42	14		56
Austin - Basic Instructor Course	150	50		200
Pflugerville	180	60		240
Cedar Park	72	24		96
Austin - Fourth Amendment	300	100		400
Austin - Methamphetamine Lab School	1,012	338		1,350
NON-LOCAL TOTAL	\$ 5,657	\$ 1,887	\$ 0	\$ 7,544

TOTAL TRAVEL BUDGET	\$ 5,909	\$ 1,971	\$ 0	\$ 7,880
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CHOOSE ONE:

- ☒ Applicant has an official travel policy approved by the governing board and the relevant portions are attached.
- ☐ Applicant does not have an official travel policy and has used the state guidelines to prepare this application.

  
Financial Officer Initials

CJD-9

Issued: September, 1998

**Year A****SCHEDULE C - LOCAL MILEAGE FOR PERSONAL VEHICLE****SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS**

Copy page as many times as needed.

Position traveling: Financial AnalystEstimated number of miles during grant year 1,200 at \$0 .28 per mile = \$336**FUNDING BREAKDOWN**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL MILEAGE COSTS
\$252	\$84		\$336

**PURPOSE FOR MILEAGE:**

This is an average of mileage traveled per year by the Financial Analyst when using his or her personal vehicle to travel from the Task Force office in Hutto to the county depository, Williamson County Treasurer's office, and the Williamson County Auditor's office in Georgetown. Trips are made to make deposits and turn in bills. Round trip is 25 miles. There are an average of four trips made per month.

Position traveling: \_\_\_\_\_

Estimated number of miles during grant year \_\_\_\_\_ at \$0. \_\_\_\_\_ per mile = \$0**FUNDING BREAKDOWN**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL MILEAGE COSTS
			\$0

**PURPOSE FOR MILEAGE:**

Position traveling: \_\_\_\_\_

Estimated number of miles during grant year \_\_\_\_\_ at \$0. \_\_\_\_\_ per mile = \$0**FUNDING BREAKDOWN**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL MILEAGE COSTS
			\$0

**PURPOSE FOR MILEAGE:**

Year A

SCHEDULE C - NON-LOCAL TRAVEL DETAIL  
SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.

Use one page per trip. Copy page as many times as needed.

Destination: Austin

Purpose of trip: Training - Methamphetamine Laboratory School

POSITIONS TRAVELING:

(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

Investigators (9) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION:

- ☒ 9 people traveling in agency-owned vehicle.  
(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)
- ☐ \_\_\_\_\_ people traveling in \_\_\_\_\_ personally owned vehicle(s), \_\_\_\_\_ miles at \$0.28 per mile = \$ \_\_\_\_\_.
- ☐ \_\_\_\_\_ people traveling via commercial air at \_\_\_\_\_ per person = \$ \_\_\_\_\_.
- ☐ \_\_\_\_\_ people traveling using other means, describe and provide cost breakdown.

\_\_\_\_\_  
\_\_\_\_\_

EXPENSES:

\_\_\_\_\_ hotel rooms x \_\_\_\_\_ nights at \$ \_\_\_\_\_ per night = \$ \_\_\_\_\_.

If not tax exempt, \$ \_\_\_\_\_ (total hotel costs x \_\_\_\_\_ (%) state / local taxes = \$ \_\_\_\_\_.

\_\_\_\_\_ full days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ per diem = \$ \_\_\_\_\_.

\_\_\_\_\_ partial days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ partial per diem = \$ \_\_\_\_\_.

Parking, ground transportation, or other costs (show break down of costs):

\_\_\_\_\_  
\_\_\_\_\_

CONFERENCE FEES:

9 people at \$ 150.00 conference fee = \$ 1,350.00.

FUNDING BREAKDOWN:

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$1,012.00	\$338.00		\$1,350.00

**Year A****SCHEDULE C - NON-LOCAL TRAVEL DETAIL**  
**SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.**

Use one page per trip. Copy page as many times as needed.

Destination: HoustonPurpose of trip: TNCP Conference**POSITIONS TRAVELING:**

(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

CommanderAdministrative Asst.Asst. Commanders (2)Investigators (9)Financial Analyst**TRANSPORTATION:**☒ 14 people traveling in agency-owned vehicle.

(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)

☐ \_\_\_\_\_ people traveling in \_\_\_\_\_ personally owned vehicle(s), \_\_\_\_\_ miles at \$0.28 per mile = \$ 0.00.☐ \_\_\_\_\_ people traveling via commercial air at \_\_\_\_\_ per person = \$ 0.00.☐ \_\_\_\_\_ people traveling using other means, describe and provide cost breakdown.**EXPENSES:**8 hotel rooms x 4 nights at \$ 70.00 per night = \$ 2,240.00.If not tax exempt, \$ 2,240 (total hotel costs x .13 (%) state / local taxes = \$ 291.20.5 full days stay x 14 people at \$ 25.00 per diem = \$ 1,750.00.\_\_\_\_\_ partial days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ partial per diem = \$ 0.00.

Parking, ground transportation, or other costs (show break down of costs):

**CONFERENCE FEES:**14 people at \$ 60.00 conference fee = \$ 840.00.**FUNDING BREAKDOWN:**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$3,841.00	\$1,281.00		\$5,122.00

Year A

SCHEDULE C - NON-LOCAL TRAVEL DETAIL  
SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.

Use one page per trip. Copy page as many times as needed.

Destination: Round Rock

Purpose of trip: CAPCO Training - Special Investigative Topics/Cultural Diversity

POSITIONS TRAVELING:

(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

Asst. Commander

Investigators (4)

TRANSPORTATION:

- ☒ 5 people traveling in agency-owned vehicle.  
(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)
- ☐ people traveling in personally owned vehicle(s), miles at \$0.28 per mile = \$ 0.00 .
- ☐ people traveling via commercial air at per person = \$ 0.00 .
- ☐ people traveling using other means, describe and provide cost breakdown.

EXPENSES:

hotel rooms x nights at \$ per night = \$ .

If not tax exempt, \$ (total hotel costs x (%) state / local taxes = \$ .

full days stay x people at \$ per diem = \$ .

partial days stay x people at \$ partial per diem = \$ .

Parking, ground transportation, or other costs (show break down of costs):

CONFERENCE FEES:

5 people at \$ 16.00 conference fee = \$ 80.00 .

FUNDING BREAKDOWN:

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$60.00	\$20.00		\$80.00

**Year A****SCHEDULE C - NON-LOCAL TRAVEL DETAIL**  
**SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.**

Use one page per trip. Copy page as many times as needed.

Destination: AustinPurpose of trip: CAPCO Training - New Supervisor's Course 3737**POSITIONS TRAVELING:**

(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

Asst. Commander**TRANSPORTATION:**☒ 1 people traveling in agency-owned vehicle.

(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)

☐ \_\_\_\_\_ people traveling in \_\_\_\_\_ personally owned vehicle(s), \_\_\_\_\_ miles at \$0.28 per mile = \$ \_\_\_\_\_.☐ \_\_\_\_\_ people traveling via commercial air at \_\_\_\_\_ per person = \$ \_\_\_\_\_.☐ \_\_\_\_\_ people traveling using other means, describe and provide cost breakdown.**EXPENSES:**

\_\_\_\_\_ hotel rooms x \_\_\_\_\_ nights at \$ \_\_\_\_\_ per night = \$ \_\_\_\_\_.

If not tax exempt, \$ \_\_\_\_\_ (total hotel costs x \_\_\_\_\_ (%) state / local taxes = \$ \_\_\_\_\_.

\_\_\_\_\_ full days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ per diem = \$ \_\_\_\_\_.

\_\_\_\_\_ partial days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ partial per diem = \$ \_\_\_\_\_.

Parking, ground transportation, or other costs (show break down of costs):

**CONFERENCE FEES:**1 people at \$ 56.00 conference fee = \$ 56.00.**FUNDING BREAKDOWN:**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$42.00	\$14.00		\$56.00

SCHEDULE C - NON-LOCAL TRAVEL DETAIL  
SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.

Use one page per trip. Copy page as many times as needed.

Destination: Austin

Purpose of trip: CAPCO Training - Basic Instructor Course

POSITIONS TRAVELING:  
(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

Investigators (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION:

- ☒ 2 people traveling in agency-owned vehicle.  
(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)
- ☐ \_\_\_\_\_ people traveling in \_\_\_\_\_ personally owned vehicle(s), \_\_\_\_\_ miles at \$0.28 per mile = \$ \_\_\_\_\_.
- ☐ \_\_\_\_\_ people traveling via commercial air at \_\_\_\_\_ per person = \$ \_\_\_\_\_.
- ☐ \_\_\_\_\_ people traveling using other means, describe and provide cost breakdown.  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES:

\_\_\_\_\_ hotel rooms x \_\_\_\_\_ nights at \$ \_\_\_\_\_ per night = \$ \_\_\_\_\_.

If not tax exempt, \$ \_\_\_\_\_ (total hotel costs x \_\_\_\_\_ (%) state / local taxes = \$ \_\_\_\_\_.

\_\_\_\_\_ full days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ per diem = \$ \_\_\_\_\_.

\_\_\_\_\_ partial days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ partial per diem = \$ \_\_\_\_\_.

Parking, ground transportation, or other costs (show break down of costs):  
\_\_\_\_\_  
\_\_\_\_\_

CONFERENCE FEES:

2 people at \$ 100.00 conference fee = \$ 200.00.

FUNDING BREAKDOWN:

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$150.00	\$50.00		\$200.00



**Year A****SCHEDULE C - NON-LOCAL TRAVEL DETAIL****SEE PAGE 30 OF THE PLAN FOR INSTRUCTIONS.**

Use one page per trip. Copy page as many times as needed.

Destination: PflugervillePurpose of trip: CAPCO Training - Firearms Instructor**POSITIONS TRAVELING:**

(If more than one person is traveling on this trip, attach a justification for multiple travelers.)

Investigators (2)


**TRANSPORTATION:**☒ 2 people traveling in agency-owned vehicle.

(No costs may be requested here for vehicle expenses, see Supplies and Direct Operating Expenses.)

☐ \_\_\_\_\_ people traveling in \_\_\_\_\_ personally owned vehicle(s), \_\_\_\_\_ miles at \$0.28 per mile = \$ \_\_\_\_\_.☐ \_\_\_\_\_ people traveling via commercial air at \_\_\_\_\_ per person = \$ \_\_\_\_\_.☐ \_\_\_\_\_ people traveling using other means, describe and provide cost breakdown.


**EXPENSES:**

\_\_\_\_\_ hotel rooms x \_\_\_\_\_ nights at \$ \_\_\_\_\_ per night = \$ \_\_\_\_\_.

If not tax exempt, \$ \_\_\_\_\_ (total hotel costs x \_\_\_\_\_ (%) state / local taxes = \$ \_\_\_\_\_.

\_\_\_\_\_ full days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ per diem = \$ \_\_\_\_\_.

\_\_\_\_\_ partial days stay x \_\_\_\_\_ people at \$ \_\_\_\_\_ partial per diem = \$ \_\_\_\_\_.

Parking, ground transportation, or other costs (show break down of costs):


**CONFERENCE FEES:**2 people at \$ 120.00 conference fee = \$ 240.00.**FUNDING BREAKDOWN:**

CJD FUNDS	MATCHING FUNDS	IN-KIND DONATIONS	TOTAL COST FOR TRIP
\$180.00	\$60.00		\$240.00

**Criminal Justice Division,  
Office of the Governor**

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**JUSTIFICATION FOR MULTIPLE TRAVELERS**  
**SCHEDULE C – Non-Local Travel**

All members of the Capitol Area Narcotics Task Force will be traveling to the TNCP Conference. There is vital information to be learned by every member in attendance.

There are several members of the Task Force that will be in need of training courses for fiscal year 1999 - 2000. Instead of submitting a Non-Local Travel Detail for each individual attending the same training session they have been included as multiple travelers. Most of the training listed is mandatory to keep TCLEOSE certification and deemed necessary by the Task Force.

Year A

## SCHEDULE D - EQUIPMENT PURCHASES

SEE PAGE 31 OF THE PLAN FOR INSTRUCTIONS

	(1)	(2)	(3)	(4)
Equipment Name or Description and Quantity (Do Not List Brand Names)	CJD Funds	Cash Match	In-kind Match <small>VOCA, VAWA, CSAF, Title V</small>	TOTAL
(A) Vehicles (3)	\$ 40,500.00	\$ 13,500.00	\$	\$ 54,000.00
(B) Color Video Printer	1,305.00	435.00		1,740.00
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
(J)				
(K)				
(L)				
(M)				
(N)				
(O)				
(P)				
(Q)				
(R)				
(S)				
(T)				
<b>TOTAL EQUIPMENT PURCHASES</b>	<b>\$ 41,805.00</b>	<b>\$ 13,935.00</b>	<b>\$ 0.00</b>	<b>\$ 55,740.00</b>

**REQUIRED BUDGET NARRATIVE:** Describe the basis for arriving at the cost of each line item. Provide justification and explanation of use. Use additional pages as needed.



Financial Officer Initials

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Issued: September, 1998

**Criminal Justice Division,  
Office of the Governor**

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**REQUIRED BUDGET NARRATIVE**  
**SCHEDULE D - Equipment Purchases**

**(A) Vehicles**

Currently the Task Force has an agreement with Williamson County in which six vehicles are leased at a rate of \$500 per vehicle per month. In order to reduce our operating expense we would like to purchase three additional vehicles in lieu of leasing. This would reduce our operating expense by \$18,000 a year. The cost is based on quotes received from General Services statewide bids by dealers over the Internet on standard 2 and 4 door sedans. We feel it to be much more beneficial and cost effective to own our vehicles instead of leasing them

**(B) Color Video Printer**

This equipment is needed in order to better process still photos taken with our undercover video cameras. By utilizing this equipment we have greatly reduced our film processing costs. This equipment also allows us to have better quality photos on file in order to identify individuals that may be involved in our investigations. The cost is based on quotes received by Law Enforcement Associates as of 12/17/98.

	(1)	(2)	(3)	(4)
Itemized Costs for Space	CJD Funds	Cash Match	In-kind Match <small>VOCA, VAWA, CSAF, Title V</small>	TOTAL
(A) Office Lease	\$ 19,800.00	\$ 6,600.00	\$ 0.00	\$ 26,400.00
(B) Electricity	3,330.00	1,110.00	0.00	4,440.00
(C) Cleaning	2,340.00	780.00	0.00	3,120.00
(D) Insurance	472.00	158.00	0.00	630.00
(E)				
(F)				
(G)				
(H)				
(I)				
(J)				
(K)				
(L)				
(M)				
(N)				
(O)				
(P)				
(Q)				
(R)				
(S)				
(T)				
(U)				
(V)				
(W)				
TOTAL EQUIPMENT PURCHASES	\$ 25,942.00	\$ 8,648.00	\$ 0.00	\$ 34,590.00

\* If this application is for a 421 fund juvenile project and renovating or retrofitting existing facilities to be used for new juvenile detention beds is being requested, provide that information in this schedule.

REQUIRED BUDGET NARRATIVE: Attach as many pages as necessary to describe the basis for arriving at the cost of each line item. Provide justification and explanation of use.

  
Financial Officer Initials

**Criminal Justice Division,  
Office of the Governor**

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**REQUIRED BUDGET NARRATIVE**  
**SCHEDULE E- Costs for Space**

**1. Office Lease**

The cost for office lease is based on the agreement between the Capitol Area Narcotics Task Force and our landlord, Starlet Harp. Our lease is based on a 12-month period with the option to renew. Monthly lease payments are \$2,200, which includes refuse service and water. The office is 2,300 square feet and provides a covered garage used to install surveillance equipment in our vehicles. The location is remote and is ideal for maintaining a low profile.

**2. Electricity**

The amount requested for electricity is based on a monthly average of \$370. TU Electric provides our utility service.

**3. Cleaning**

Cleaning of the office cost \$60.00 per week and the amount requested is based on that figure. Although no formal bids were taken this was the least expensive service we could find. Many cleaning services do not cover the area in which our office is located.

**4. Insurance**

Our lease contract requires us to provide fire and extended coverage on the building in an amount not less than \$300,000. The amount requested covers our yearly premiums for this coverage.

**Year A****SCHEDULE E - COSTS FOR SPACE****Leased Property:**

Rental costs are allowable for the extent that the rates are reasonable in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and, the type, life expectancy, condition and value of the property leased. Rental costs under less-than-arms-length (board member, employee, relative, etc.) leases are allowable only up to the amount that would be allowed had property been owned by the grantee (If so, go to next section, Owned Property).

Name of Lessor: Starlet Harp

Total space leased in building 3,200 Square Feet

Space leased for grant 3,200 Square Feet

Monthly lease rate \$ 2,200

Total annual rent \$ 26,400

**Owned Property:**

The computation of depreciation or use allowances shall be based on the acquisition cost of the assets involved. Where actual cost records have not been maintained, a reasonable estimate of the original acquisition cost may be used. Depreciation is generally acceptable where property is new construction, newly acquired based on acquisition costs, or a depreciation schedule has been previously established. Usage allowance is generally used for properties that do not meet criteria for depreciation or have been fully depreciated. Charges for use allowance or depreciation must be supported by adequate property records. Check either depreciation or use allowance and complete that section below. (See UGMS page 26 for guidelines)

☐ **Depreciation**

Date placed in service \_\_\_\_\_ (basis for depreciation)

Valuation \_\_\_\_\_

Useful life \$ \_\_\_\_\_ (If other than 40 years, explain)

Depreciation rate \_\_\_\_\_ % (Valuation/useful life, or rate if previously established)

Annual rate \$ \_\_\_\_\_

☐ **Use allowance:**

Date placed in service \_\_\_\_\_ (basis for depreciation)

Valuation \_\_\_\_\_

Useful life \$ \_\_\_\_\_ (If other than 40 years, explain)

Depreciation rate \_\_\_\_\_ % (Valuation/useful life, or rate if previously established)

Annual rate \$ \_\_\_\_\_

**Donated Property:**

Cost of donated space must meet the same allowability and reasonableness criteria as leased space above.)

Name of donor: \_\_\_\_\_

Total space donated in building \_\_\_\_\_ Square Feet

Space donated for grant \_\_\_\_\_ Square Feet

Market value of monthly lease \$ \_\_\_\_\_

Total annual donated rent \$ \_\_\_\_\_

**Utilities and cost of ownership:**

Utilities (gas, electricity, etc.) \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

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Issued: September, 1998

**Year A**

**SCHEDULE F - SUPPLIES AND DIRECT OPERATING EXPENSES**  
**SEE PAGE 32 OF THE PLAN FOR INSTRUCTIONS**

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	(1)	(2)	(3)	(4)
Directly Charged Supplies and Other Operating Expenses	CJD Funds	Cash Match	In-kind Match <small>VOCA, VAWA, CSAP, Title V</small>	TOTAL
(A) Telephone	\$ 9,664.00	\$ 9,664.00	\$ 0.00	\$ 19,328.00
(B) Building Security	420.00	420.00	0.00	840.00
(C) Office Supplies	2,460.00	2,460.00	0.00	4,920.00
(D) Confidential Funds	30,000.00	30,000.00	0.00	60,000.00
(E) Pager Lease	1,200.00	1,200.00	0.00	2,400.00
(F) Insurance	1,600.00	1,600.00	0.00	3,200.00
(G) Vehicle Lease	8,268.00	8,268.00	0.00	16,536.00
(H) Cellular Telephone	4,200.00	4,200.00	0.00	8,400.00
(I) Vehicle Operation	7,680.00	7,680.00	0.00	15,360.00
(J) Vehicle Repairs	4,404.00	4,404.00	0.00	8,808.00
(K) Equipment Supply/Maintenance	3,228.00	3,228.00	0.00	6,456.00
(L) Investigative Supplies	2,922.00	2,922.00	0.00	5,844.00
(M) Copier Lease	906.00	906.00	0.00	1,812.00
(N)				
(O)				
(P)				
(Q)				
(R)				
(S)				
(T)				
(U)				
(V)				
(W)				
<b>TOTAL</b>	<b>\$ 76,952.00</b>	<b>\$ 76,952.00</b>	<b>\$ 0.00</b>	<b>\$ 153,904.00</b>

**REQUIRED BUDGET NARRATIVE:** Describe the basis for arriving at the cost of each line item and justification for requesting each item. Use additional pages as needed.

  
 Financial Officer Initials

CJD-15

Issued: September, 1998



**Criminal Justice Division,  
Office of the Governor**

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**REQUIRED BUDGET NARRATIVE****SCHEDULE F - Supplies and Direct Operating Expenses****A. Telephone**

The amount requested for Telephone is based on current monthly average costs for services provided by Sprint, AT&T and Lucent Technologies. The average monthly Sprint bill for our Task Force is \$645 and for AT&T it is \$317. Lucent Technologies provides a service contract that covers the costs of replacing or repairing our telephone system in the event that it is damaged in a fire or natural causes. The monthly charge for this service is \$107. We felt this was a necessary expense considering it would cost several thousand dollars to replace our system if damaged by lightning or other natural causes. The Sprint and AT&T costs include all long distance services, our 1-800 line, credit card calls, and directory assistance. The remaining \$6,500 is to cover the line costs for TNIS users. In previous years this cost had been covered by grant funds provided by the Texas Department of Public Safety, but has since been passed to individual law enforcement agencies. The amount requested was a quote obtained from DPS to cover line expenses, user fees, and maintenance.

**B. Building Security**

The amount requested for Building Security is based on costs of our current service. The service includes electronic monitoring of the Task Force building as well as file and data processing security. Also included are fees charged for maintenance calls and reprogramming of security codes. Average costs are \$90.00 per quarter for our security service plus an average of \$40.00 per month for maintenance.

**C. Office Supplies**

The amount requested for Office Supplies is based on historical data, which indicates the average monthly use of office supplies for the Task Force to be \$410. This includes all paper, filing, and general office supplies.

**D. Confidential Funds**

This request is based on the amount of funds expended for FY 1998 - 1999. The figure represents the minimum amount of funds needed to be successful in paying informants for evidence, information, and services based on previous caseload averages. We feel this is one of the most important aspects of the budget - unfortunate as it may be.

**E. Pager Lease**

The amount requested for Pager Lease is based on our current service agreement cost. This agreement covers basic monthly rental, statewide paging, 800 service, warranties, and insurance. The Task Force utilizes 14 pagers. Average costs are \$200/month.

**F. Insurance**

The amount requested for Insurance includes coverage for the investigators while driving their assigned vehicles and the necessary bonding to cover Task Force members. Premiums were reduced from last year.

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**REQUIRED BUDGET NARRATIVE**

**SCHEDULE F - Supplies and Direct Operating Expenses, Continued**

**G. Vehicle Lease**

The amount requested for Vehicle Lease is based on the assumption that three new vehicles will be awarded in Schedule D. The amount requested provides the leasing of three vehicles (as opposed to six), and is based on the existing lease agreement with Williamson County. The Task Force leases one vehicle for \$597/mo., another to be purchased, forecasted at \$420/mo., and the third at \$361/mo.. The lease agreement provides dependable vehicles without the high costs and restrictions associated with leasing from commercial entities. This practice has worked extremely well in past years and has saved the Task Force thousands of dollars in transportation costs.

**H. Cellular Phone**

The amount requested for Cellular Phone is based on historical costs to determine the necessary funds needed to provide phone coverage for all Task Force supervisors and investigators. Mobile phones have become somewhat instrumental in maximizing performance on cases, surveillance, and intelligence gathering as well as providing officer safety in certain situations. Average cost for all phones is \$700 per month. The Task Force operates 15 cellular phones.

**I. Vehicle Operation**

The amount requested for Vehicle Operation is based on historical costs of operating and maintaining vehicles utilized by the Task Force. The budgeted amount includes expenses such as gasoline, oil changes, tires, transmission service, and overall routine services to be performed for both owned and leased vehicles. The Task Force currently operates 15 vehicles. The average cost of operating those vehicles is \$1,280 per month.

**J. Vehicle Repairs**

The amount requested for Vehicle Repairs is based on historical costs of repairs on the 15 Task Force vehicles. The budgeted amount includes all other repairs not listed under Vehicle Operation. This includes costs incurred in replacing parts, repairing engine failures, towing expenses and the labor involved. The average cost is \$734 per month.

**K. Equipment Supply/Maintenance**

The amount requested for Equipment Supply/Maintenance are based on historical costs of providing maintenance and supplies for equipment such as televisions, VCR's, copiers, fax machines, video equipment, cameras, computers, scales, and radios. The monthly average cost is \$538 per month due to increasing labor costs.

**L. Investigative Supplies**

The amount requested for Investigative Supplies are based on historical costs used to cover film development, video tapes, (required more and more by District Attorneys in order to prosecute), and audio tapes. In addition, drug test kits with an average cost of \$500.00 are purchased every six months. Evidence tape and tags, first aid kits, and batteries for surveillance equipment are also included. Expenditures from this budgetary

**Criminal Justice Division,  
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**REQUIRED BUDGET NARRATIVE**

**SCHEDULE F - Supplies and Direct Operating Expenses, Continued**

**L. Investigative Supplies - continued**

item are necessary to ensure smooth undercover operations, safety of the investigators, and the evidence required by District Attorneys for prosecutions.

**M. Copier Lease**

The amount requested is based on a \$151 per month, 12-month lease from IKON Office Solutions on a Canon copier that includes a maintenance clause.

Year A  
SCHEDULE G - INDIRECT COSTS  
SEE PAGE 34 OF THE PLAN FOR INSTRUCTIONS

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The maximum amount of indirect costs that may be applied for is not to exceed a total of two-percent of the total direct costs provided by CJD, unless the applicant has an approved cost allocation plan.

Cost Categories	CJD Funds
(A) Total Direct Costs (must equal page CJD-5, line 8, column 1)	\$ .00
(B) Total Indirect Costs (must equal page CJD-5, line 9, column 1)	\$ .00

- ☐ Applicant is using the CJD two-percent rule to determine the amount of indirect costs.
- ☐ Applicant is using an approved cost allocation plan to determine indirect costs.  
(Attach the relevant pages from the approved cost allocation plan.)

If using an approved cost allocation plan, Indirect costs were determined by applying \_\_\_\_\_ % of:

NOT APPLICABLE TO THIS GRANT APPLICATION



Financial Officer Initials

CJD-16

Issued: September, 1998

**YEAR A****TOTAL PROJECT BUDGET****SEE PAGE 34 OF THE PLAN FOR INSTRUCTIONS**

Is this project completely supported by CJD grant dollars and grantee match?

- ☒ Yes, there are no other local, state, federal, foundation, or donated funds grant dollars assisting this project.

If yes", the financial officer shuld initial below and may disregard the rest of this form.

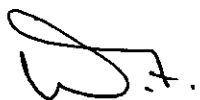
- ☐ No

If "no", please indicate below the amounts, sources, and purposes of all funding for this project that are not included within the total amounts listed on page CJD-1, line 15d

Source	Purpose / Use	Amount
(A)		\$
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
(J)		
(K)		
(L)		
TOTAL GRANT DOLLARS EXCLUDING THIS CJD APPLICATION		\$ 0

(Use additional pages as needed.)

CJD funding and grantee match represents \_\_\_\_\_ % of the total funding of this project.



Financial Officer Initials

CJD-17

Issued: September, 1998

AGENDA ITEM # 18

January 12, 1999

VOL 0102 PAGE 151

Consider approving full-time slot for County Auditor to be funded from appropriate part-time line item.

Moved: Commissioner Boatright

Seconded: Judge Doerfler

Motion: To approve full-time slot for County Auditor to be funded from part-time line item.

Vote: Motion carried 5 - 0

AGENDA ITEM # 19

January 12, 1999

Consider approving sale of 1986 Pontiac, Vin #1G2VL69Z7GX234680, at January 19, 1999, auction.

Moved: Judge Doerfler

Seconded: Commissioner Boatright

Motion: To approve sale of 1986 Pontiac, Vin #1G2VL69Z7GX234680, at January 19, 1999, auction.

Vote: Motion carried 5 - 0

AGENDA ITEM # 20

January 12, 1999

Consider making appointments to the 1999 Salary Grievance Committee.

Moved: Judge Doerfler

Seconded: Commissioner Boatright

Motion: To notify the following listed individuals their names have been drawn and inquire if they will serve on the 1999 Salary Grievance Committee:

Jo Ann Moss  
Antonia J. Zentner  
Lois Ranney  
Glenn A. Smith  
Carl Lidell  
A.P. Patschke  
Trent Holmstrom  
Ella Jez  
Rodney Johnson

Vote: Motion carried 5 - 0

< Clerk copy here >