

COUNTY JUDGE

Fort Bend County, Texas

Robert E. Hebert County Judge (281) 341-8608 Fax (281) 341-8609

January 4, 2011

Mr. Pete Lara Grant Coordinator Texas Division of Emergency Management State Administrative Agency 1033 La Posada, Suite 100 Austin, Texas 78752-3842

Subject: Extension to Process 2008 Grant Year Project Expenditures

Dear Mr. Lara.

Fort Bend County is requesting an extension to March 31, 2011 to process 2008 Urban Area Security Initiative (UASI) and State Homeland Security Program (SHSP) Grant Project Expenditures. This request is made due to expenditures that need to be finalized and input into the Texas State Preparedness Assessment and Reporting Service database (SPARS). Fort Bend County managed eleven grant projects during this grant year and several incurred a large volume of activity and expenditures. Additional time will be needed in order to properly process the remaining grant expenditures and complete these projects. Also attached to this letter is the required State Administrative Agency Extension Request Form. Your consideration of this request is appreciated.

Sincerely

Robert E. Hebert County Judge Fort Bend County

1-5-11 copy received

State Administrative Agency Extension Request Process and Form Instructions

All sub-recipient of the SAA must request performance period extensions using the following Extension Request Form. Any request outside of this process will not be considered a formal request.

Extension requests can be submitted at any time before the end of the performance period. All extension requests must be submitted to the SAA Lead Grant Coordinator assigned to your Region/UASI/State Agency (see link below). *Projects that are managed through a Council of Governments (COG) or Urban Area Working Group (UAWG) must have COG/UAWG approval and signature before the state will review the requests.* Extension requests will be reviewed by the SAA Grant Coordinator, SAA Operations Supervisor and the SAA Administrator. The submitting sub-recipient will be notified of approvals/denials through an e-mail containing the original request with approval/denial indication and notes. Extension request approvals will include an updated Grant Adjustment Notice.

FORM INSTRUCTIONS

Fill in all the blanks in the Extension Information section of the Extension Request Form using as much detail as possible.

Clarification of Request Information:

- Region/UASI = select the name of the Council of Governments or Urban Area. If request is for a state agency,
 please select State Agency from the drop down list. If the request is for another type of entity, please select NA.
- Current Award = provide the award amount from your most recent Sub-Recipient Agreement or Grant Adjustment Notice.
- **Amount Invoiced** = provide the amount of funding that has been <u>completed and invoiced</u> as of the request date. This information can be found on the SPARS website.
- Amount Uncommitted = provide the amount of uncommitted funding as of the request date. This information can be found on the SPARS website.
- **Current End Date** = provide the most current performance period end date on your most recent Sub-Recipient Agreement or Grant Adjustment Notice.
- Requested End Date = provide the date you are requesting to extend your performance period. <u>PLEASE NOTE</u> All invoices must be received by the SAA before the end of the extended performance period.
- Total # of projects sub-grantee is responsible for = provide the number of projects the sub-grantee was funded and responsible for during the requested grant year.
- **Total # of projects completed** = provide the number of projects the sub-grantee has completed. These should be projects in which all invoices have been submitted in SPARS and to the SAA.
- List projects included in the extension = provide the titles of the projects that will continue in the extension period. Please use the same titles that are reflected in SPARS. If none of the projects are completed and all of your project will remain open during this extension period, you may check the box. The SAA will review the progress on the projects in evaluating this extension request.
- **Justification for Extension** = provide a detailed and project specific justification. Each extension will be based on this information and will be review for each project.
- Signature = the form must be signed by the Director or Authorized Official or their designated signee.

How to:

Print - Click yellow print button in upper right corner of the form, select your printer from drop down and click OK. **Save** - Click on yellow print button, check the "Print to File" box and click OK and follow the next steps to Save.

Grant Coordinator Assignments and Contact Information:

http://www.txdps.state.tx.us/director_staff/saa/documents/grantGrpAlignments.pdf

State Administrative Agency

E-mail - SAA@TXDPS.state.tx.us Fax - (512) 206-3137

Mail - 1033 La Posada, Suite 100, Austin, TX 78752



State Administrative Agency Extension Request Form EXTENSION INFORMATION

	(Plea	ase complete all fi	elds below and provid	de detail information)		
Date:Jan 4, 2011	Requestor's Nam	ie: Robert Heb	ert, County Judge	Requestor's Ph	one #:	281-341-8608
Agency/Jurisdiction:	Fort	Bend County	Re	gion / UASI:	Houston-G	alveston Area COG
Grant Information: Grant Year: 2008	Grant: UAS			ollowing project info		uested grant & grant year:
Current Award:	\$3,847,747.0°	00	Total # of project Total # of project	ts sub-grantee is res ts completed:	sponsible for:	11 D
Amt. Invoiced:	\$2,889,753.0		List projects inclu	ded in this extensio	n: If ALL , ch	
(Submitted to SAA) Amt. Uncommitted:	\$287,672.7		(Please use SPA	ARS titles)		
	V207,072.7	<u> </u>	2.			
Performance Period:		New York	3.			
Current End Date:	Jan 15, 201	1	4.			
Requested End Date	e: Mar 31, 201	1	5.			
Justification for Exten	cion: /Blooms be a	reject apocifie)	6.			
County. The anticipated expe and invoicing for these expen Collapse Project as it relates need to be processed for pay either need to be invoiced to t request this extension for both appreciated.	ditures. We do anticip to jurisdiction overtime ment and then submit he State or need to b	ate there may be a e and backfill exper ted to the State for e reimbursed or co	few more training relationses. We currently have reimbursement. At this mpleted by the State. A	ted expenses that will le \$153,780.27 in expension in the state of the	be received in the nses that we ne l% complete as sure that these i	ne Regional Structural ed invoices for and that would each has some items that tems are completed. We
January 4, 2011	Robert He	bert, Count		Signature	(Director/Autho	leen official)
Date	Timed Name (<u>.</u>	onal or UASI PO		(Director/Autilic	nized Official)
		ixegi				
POC Name:				Date F	Received:	
Notes or Comments	:					DENED
Date	Printed Name (F	Ü	copy of this form for	your records.	(Regional Direct	tor/UASI POC)
			SAA USE ON	LY		
STEP 1 -	_					APPROVED
Grant Coordinator Re	Date Reco	eived Revie	wed By GC In	itals Spvr Initals	ERF#	DENIED
Notes or Comments:						
STEP 2 -						APPROVED
SAA Administrator R	eview	te Received	SAA A	Administrator Signati	ure	DENIED
Notes or Comments:						