



# **Defense Economic Adjustment Assistance Grant Application**

Office of the Governor  
Texas Military Preparedness Commission

<b>For TMPC Use Only</b>
<b>Date Received</b>
<b>Project</b>
<b>Community</b>
<b>Received By</b>
<b>Previous Installation BRAC Score</b>



## **Defense Economic Adjustment Assistance Grant Texas Military Preparedness Commission**

The program is administered by the Texas Military Preparedness Commission (Commission) within the Office of the Governor. The Defense Economic Assistance Adjustment Grant is codified in Government Code Chapter 436 and the program administrative rules may be found in Subchapter B of Title 1, Chapter 4 of the Texas Administrative Code. The purpose of the program is to provide state funding for the following: acquiring federal grant assistance; for sharing in the cost of redevelopment of communities that have been adversely or positively affected by the Base Realignment and Closure Act or Department of Defense reduction or loss of funding; or, in the case of infrastructure, adds military value to the military installation.

**All grant funds must be expended by August 31, 2017. Funding for this round is available on September 1, 2016.**

**Purpose:** Establish applicant eligibility for the Defense Economic Adjustment Assistance Grant. A defense dependent community is eligible for a grant from the Defense Economic Adjustment Assistance Grant Fund if the commission determines that it satisfies one of the eligibility criteria as listed in Government Code 436 and the program administrative rules may be found in Subchapter B of Title 1, Chapter 4 of the Texas Administrative Code.

**Note: The proposed project must be completed and all grant funds expended by August 31, 2017.** Please contact the Texas Military Preparedness Commission should you have any questions or concerns.

Submit an original application as provided in this document. Applications are accepted via email at [ttmpc@gov.texas.gov](mailto:ttmpc@gov.texas.gov), in-person, or by the addresses below:

**Mailing Address:**

Texas Military Preparedness Commission  
Economic Development and Tourism  
Office of the Governor  
Defense Economic Adjustment Assistance Grant  
Post Office Box 12428  
Austin, Texas 78711  
(512) 475-1475

**Street Address:**

Texas Military Preparedness Commission  
Economic Development and Tourism  
Office of the Governor  
Defense Economic Adjustment Assistance Grant  
1100 San Jacinto  
Austin, Texas 78701  
(512) 475-1475

For additional information on the Defense Economic Adjustment Assistance Grant, please refer to <http://www.gov.texas.gov/military/grants>.

**Please ensure that application is complete before submitting. Please attach all support letters to application.**

**Application is due by 5:00 PM CST on Friday, March 4, 2016.**

## Applicant Information

Name of Entity \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_

Point of Contact \_\_\_\_\_

Point of Contact Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_

Point of Contact Phone \_\_\_\_\_

Point of Contact E-mail \_\_\_\_\_

Population of Municipality \_\_\_\_\_

County of Location \_\_\_\_\_

County of Project Location \_\_\_\_\_

Are all involved entities current on all obligations with the State of Texas?  Yes  No

If no, please explain (*attach additional pages as necessary as Attachment A*).

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Is there a pending claim or litigation against any entity involved with the project?

Yes       No

If yes, please explain (*attach additional pages as necessary as Attachment B*).

Has the entity previously filed for bankruptcy? If yes, please attach additional information as Attachment C.

Yes       No

Please provide documentation authorizing entity to participate in program (i.e. public hearing, ordinance, resolution, etc. as Attachment D).

Yes       No

***Continue application on next page.***

**Project Summary**

Purpose of Grant: \_\_\_\_\_

Provide a **short** summary of the project to be funded.

<b>Funding Source</b>	<b>Total Dollar Amount</b>	<b>Percentage Share of Project</b>
1. Requested Amount of Defense Economic Adjustment Assistance Grant	_____	_____
2. Federal Funding	_____	_____
2a. If DEAAAG is being used towards matching federal grant, please note amount of total federal grant	_____	
3. Assistance from Other Sources	_____	_____
4. Local Community Funding (If using as in-kind, please attach additional information as Attachment E)	_____	_____

**Projected Job Numbers**

Number of Direct Jobs Created	_____
Students or Workers Trained	_____
Number of Direct Jobs Retained	_____

## **Basis of Eligibility**

An entity is eligible for the Defense Economic Adjustment Assistance Grant if it satisfies one of the following; please select which qualification applies:

- Municipality or county that is a defense community as defined in Local Government Code 397.001
- Regional planning commission that has a defense community within its boundary
- Public junior college district all or part of which is located in a defense community
- Campus or extension center for education purposes of the Texas State Technical College System located in a defense community
- Defense base development authority created under Local Government Code 379B
- Political subdivision having the power of a defense base development authority created under Local Government Code Chapter 379 B

## **Eligibility of Adversely Affected Community**

The applicant is not adversely impacted

An entity is an adversely affected defense community if it has experienced; please select which qualification applies:

- The proposed or actual establishment, realignment or closure of a defense facility
- The proposed or actual establishment, realignment or closure of a military facility
- The cancellation or termination of a defense contract or failure of the Department of Defense to proceed with an approved major weapons system program
- A publicly-announced planned major reduction in Department of Defense spending that would directly and adversely affect the community
- The proposed or actual establishment, realignment or closure of a reserve facility

**And** is expected to experience or has already experienced; please select which qualification applies:

- Loss of 2,500 or more defense worker jobs in a municipality or county that is located in an urbanized area of a Metropolitan Statistical Area (MSA)
- Loss of 1,000 or more defense worker jobs in a municipality or county outside an urbanized area of a Metropolitan Statistical Area (MSA)
- Loss of defense worker jobs representing one percent or more of the jobs in the municipality

## **Eligibility of Positively Affected Community**

The applicant is not positively impacted

A local government entity is positively affected if:

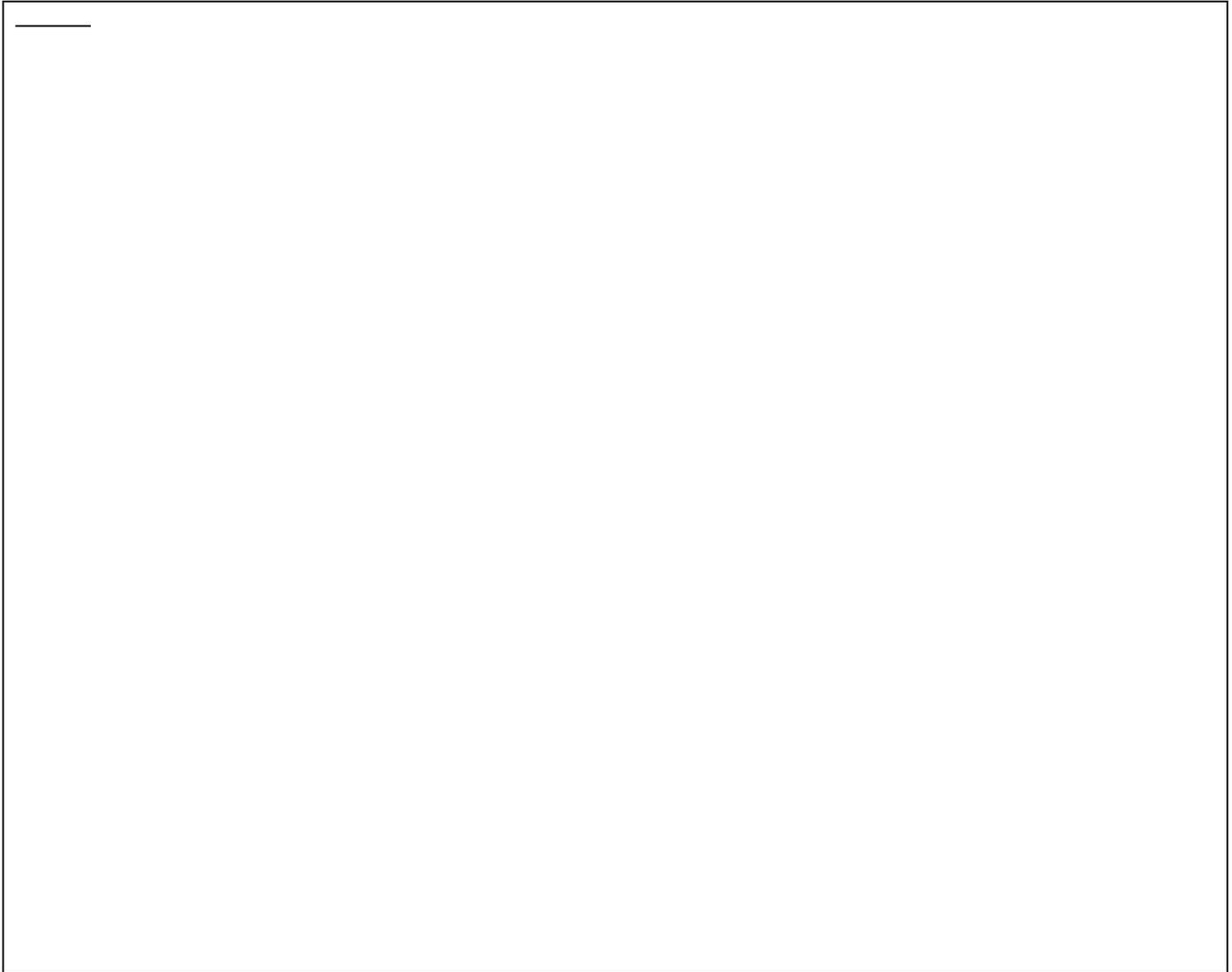
Increase in military missions, including personnel gains at a local military installation, within a municipality or county as a result of a Department of Defense anticipated, planned, announced, or implemented action to increase or otherwise realign defense worker jobs or facilities.

***Continue application on next page.***

## Summary of Eligibility

Provide a Summary of Eligibility regarding status as positively or negatively affected community with documentation. Failure to provide documentation to determine eligibility for the program will result in a return of this application without further review (*attach additional pages as necessary as Attachment F*).

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## Impact Statement

### Area Employment Impact

Provide Texas Workforce Commission Statistics on annual unemployment numbers beginning two years prior to the qualifying events listed in the Summary of Eligibility through the most recent year available. If a multitude of years exists between the qualifying event and now, please list the two years prior to the event and the two-three years leading up to 2016.

Year	Total Number of Jobs		Unemployment Rate	
	Within MSA	Within County	Within MSA	Within County
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Area Employment Impact

Using the most recent Bureau of Economic Analysis (U.S. Department of Commerce) data, provide information on the current local economy over the previous two years of reporting (where data is available):

Year	City Per Capita Income	County Per Capita Income
_____	_____	_____
_____	_____	_____

Describe the loss of defense worker jobs and the impact of job loss in the area from a military installation or defense facility that has occurred or is predicted to occur. Describe the impact on housing, transportation, infrastructure and security (*attach additional pages as necessary as Attachment G*).

The applicant is not adversely impacted

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Describe the impact of the gain in mission or personnel in the military installation or defense facility and community or the gain that is predicted to occur. Describe the impact on housing, transportation, infrastructure and security (*attach additional pages as necessary as Attachment H*).

The applicant is not positively impacted

\_\_\_\_\_

Provide details regarding the amount of prior Defense Economic Adjustment Assistance Grant funds your organization has received (amount, when awarded, project summary, etc.).

The applicant has not received previous Defense Economic Adjustment Assistance Grant funds

\_\_\_\_\_

***Continue application on next page.***

## Project Characteristics, Description, and Military Value

Please check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Jobs                 | <input type="checkbox"/> Construct New Facility / Infrastructure   | <input type="checkbox"/> Federal Match Grant        |
| <input type="checkbox"/> Retained Jobs            | <input type="checkbox"/> Expand Existing Facility / Infrastructure | <input type="checkbox"/> DOD Property Purchase      |
| <input type="checkbox"/> Both New & Retained jobs | <input type="checkbox"/> Renovate Facility / Infrastructure        | <input type="checkbox"/> Purchase of Insurance      |
|   |  | <input type="checkbox"/> Purchase Capital Equipment |

Provide an in-depth description of the project including specific details (costs, proposed project budget, timeline, etc.) and documentation of the following applicable project characteristics (*continue on next page; attach additional pages as necessary as Attachment I*).

**Federal Match Grant** – Summarize the use of the Defense Economic Adjustment Assistance Grant in obtaining federal funding and attach a copy of the completed application for federal assistance or a copy of other federal assistance applications. A federal award letter, Memorandum of Understanding or agreement must be provided before the release of state grant funds.

**Department of Defense Property Purchase** – Describe the real or personal property to be purchased from the Department of Defense. Include general description of buildings and a map of the property to be purchased accompanied by a copy of the conveyance documents or a summary of conveyance negotiations.

**Purchase of Capital Equipment** – Describe the capital equipment to be purchased and its use. If training equipment please detail the curriculum to which the training equipment will supplement and the projected number of students to train on the equipment.

**Purchase of Insurance** – Describe the insurance to be purchased including the type of coverage limits.

**New Construction, Expansion or Renovation of Facilities or Infrastructure** – Describe the use of the facility or infrastructure to be constructed or replaced, expanded or renovated.

\_\_\_\_\_

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How does the project add military value to a military installation or defense facility? *(Attach additional pages as necessary as Attachment J).*

\_\_\_\_\_

## **Jobs Gained and/or Jobs Retained for Defense Facilities**

**Please fill out this section if your eligible entity is a defense facility (as defined by 1 TAC §4.1(c)(6)). Please provide relevant information and job breakdowns for defense facilities.**

### **Direct Full Time Jobs Expected to be Created**

No Direct New Full-Time Jobs will be Created

Provide the following and attach a general breakdown of the types of direct new full-time jobs to be created by classification, title, salary range or hourly rate for each (please provide calculation methodology as Attachment K).

Total Number of New Full-Time Jobs to be Created \_\_\_\_\_  
Total Amount of Annual Payroll for Created Jobs \_\_\_\_\_  
Increased Amount of Taxes Created by New Jobs \_\_\_\_\_

### **Direct Full-Time Jobs Expected to be Retained**

No Direct New Full-Time Jobs will be Retained

Provide the following information and attach a general breakdown of the types of full-time jobs to be retained by classification, title, salary range or hourly rate for each (please provide calculation methodology as Attachment K).

Total Number of New Full-Time Jobs to be Retained \_\_\_\_\_  
Total Amount of Annual Payroll for Retained Jobs \_\_\_\_\_  
Increased Amount of Taxes Created by Retained Jobs \_\_\_\_\_

## **Jobs Gained and/or Jobs Retained for Military Installations**

**Please fill out this section if your eligible entity is a military installation.**

### **Direct Full-Time Jobs Expected to be Created**

No Direct New Full-Time Jobs will be created

Provide the following:

Total Number of Direct Full-Time Military Jobs to be Created \_\_\_\_\_  
Total Number of Direct Full-Time Civilian Jobs to be Created \_\_\_\_\_  
Total Personnel for Created Jobs \_\_\_\_\_  
Total Salary for Created Jobs \_\_\_\_\_

**Direct Full-Time Jobs Expected to be Retained**

No Indirect Full-Time Jobs will be Retained

Provide the following:

Total Number of Direct Full-Time Military Jobs to be Retained \_\_\_\_\_

Total Number of Direct Full-Time Civilian Jobs to be Retained \_\_\_\_\_

Total Personnel for Retained Jobs \_\_\_\_\_

Total Salary for Retained Jobs \_\_\_\_\_

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**Projected Date & Milestones of Project**

Complete the following applicable milestones:

Begin Construction \_\_\_\_\_

Complete Construction \_\_\_\_\_

Purchase Machinery & Equipment \_\_\_\_\_

Begin Hiring New Employees \_\_\_\_\_

Begin Operations \_\_\_\_\_

Fully Operational \_\_\_\_\_

Is construction on leased property?  Yes  No

Is construction on Department of Defense property?  Yes  No

Is construction on local, city, or county owned property?  Yes  No

***Please provide limited and relevant information concerning your expenses for the project. For example, we would prefer to review an overview of a city or county's budget as opposed to the full budget.***

***The Office of the Governor follows Universal Grant Management Standards as set by the State of Texas and the Federal Government. Please review these standards before submitting your projected expenses.***

## Project Expense Estimate

### Estimates Expense Schedule

Complete the following:

Expense Items	Expense by State Fiscal Year (September 1 – August 31)		
	FY 2015	FY 2016	FY 2017
Land Structures, ROW & Easement Acquisition	_____	_____	_____
Architect/Engineer Fee & Inspection	_____	_____	_____
Infrastructure Rehabilitation/Renovation	_____	_____	_____
Infrastructure Construction	_____	_____	_____
Capital Equipment	_____	_____	_____
Insurance	_____	_____	_____
Matching funds	_____	_____	_____
<b>TOTAL PROJECT COST</b>	_____	_____	_____

Provide any clarification or additional remarks in the following space:

**Project Funding Sources**

**Funding Schedule:**  
 Complete the following:

Funding Type	Source	Amount of Funding by Fiscal Year		
		FY 2015	FY 2016	FY2017
<b>Federal Funding</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>State Funding</b>				
<u>DEAAG</u>	<u>TMPC</u>	_____	_____	_____
_____	_____	_____	_____	_____
<b>Local Funding</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Other Funding</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Funding</b>				
		_____	_____	_____

Provide any clarification or additional remarks in the following space:

**Other Financial Partners**

Is the State of Texas the sole source of project funding?  Yes  No

Provide a description explaining the funding types and sources identified in the funding schedule. Include ongoing efforts to acquire funding from other sources including federal agencies and other financial partners. Attach documentation such as assigned applications for funding, grant award documents and Memorandums of Understanding (*attach additional pages as necessary as Attachment L*).

**Request for Exceptional Funding**

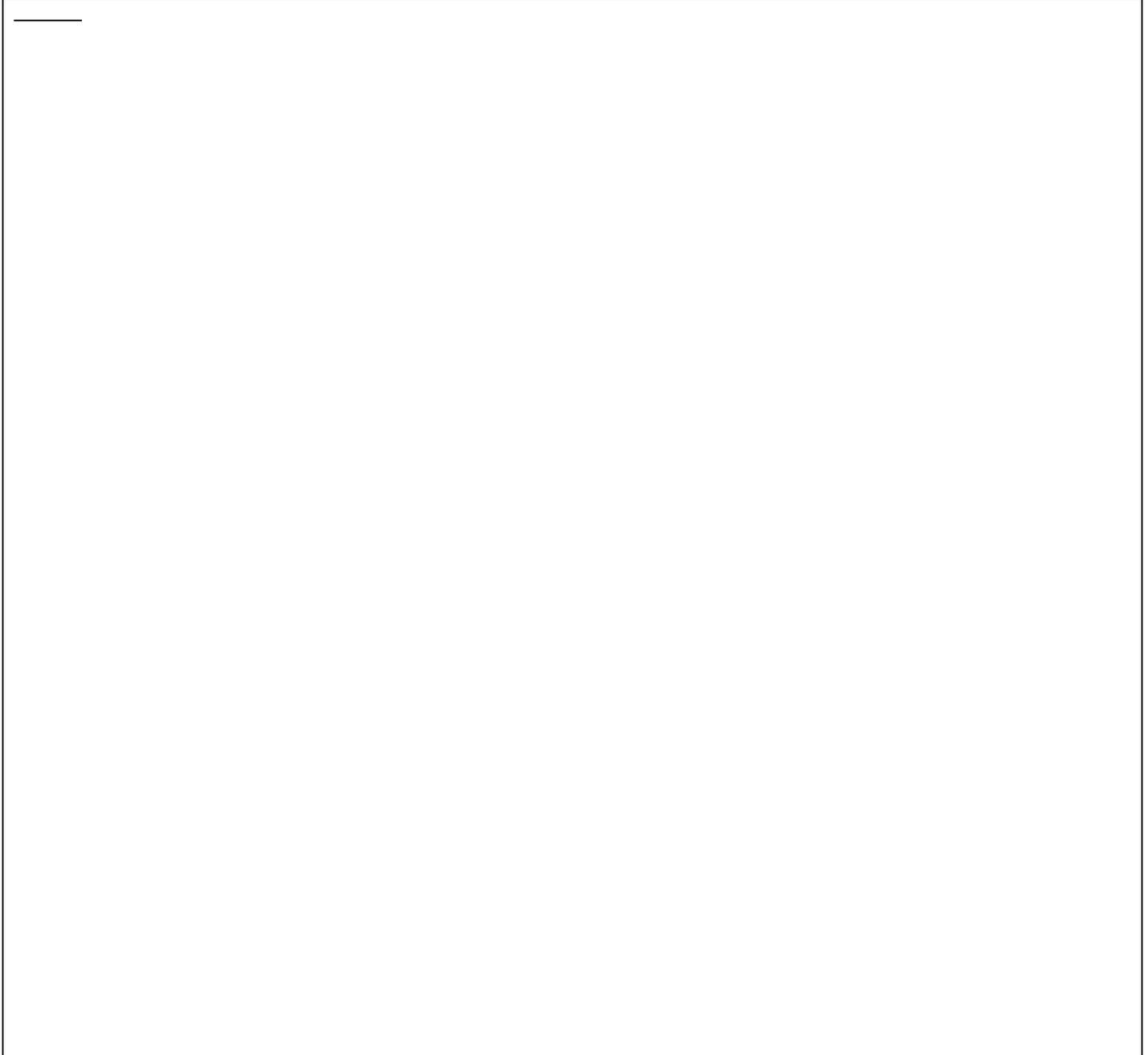
Applicant is not requesting exceptional funding

Establish and provide justification if requesting greater than 50 percent grant match under Texas Government Code §436.202 and 1 TAC § 4.34; provide explanation and documentation that local community budget and resources are not adequate or available. Justification should include an overview of the state of the development sales tax efforts, bond authority and a plan to support the viability of the proposed project. Provide specific information on local efforts to secure adequate funding (*attach additional pages as necessary as Attachment M*).

## **Additional Information**

Please provide additional applicable information specific to this project (*attach additional pages as necessary as Attachment N*).

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## Certification of Application

### Governing Body Representative

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

To the best of my knowledge and belief, the information contained in this Defense Economic Adjustment Assistance Grant Application is true and correct, as evidenced by my signature below. Furthermore, I affirm the authorized representative, the applicant author, or contact person and the project administrator have read chapter 436 of the Texas Government Code and the program administrative rules may be found in Subchapter B of Title 1, Chapter 4 of the Texas Administrative Code and are familiar with the provisions contained therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Governing Body Representative)

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

GIVEN under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas

(Notary Seal)

My Commission expires

\_\_\_\_\_

## Participating Legal Counsel

No Legal Counsel Involved in the Project

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Representing \_\_\_\_\_

Please provide a brief description of counsel's role with this application:

I confirm that the above-named legal counsel has been retained to participate in this application process as outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Authorizing Participant)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

To the best of my knowledge and belief, the information in this Defense Economic Adjustment Assistance Grant Application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participating Legal Counsel)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Participating Grant Administrator**

No Grant Administrator Involved in the Project

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Representing \_\_\_\_\_

Please provide a brief description of grant administrator's role with this application:

\_\_\_\_\_

I confirm that the above-named grant administrator has been retained to participate in this application process as outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Authorizing Participant)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

To the best of my knowledge and belief, the information in this Defense Economic Adjustment Assistance Grant Application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participating Grant Administrator)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Additional Participating Consultant**

No Additional Participating Consultant Involved in the Project

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_ TX \_\_\_\_\_ - \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Representing \_\_\_\_\_

Please provide a brief description of additional participating consultant's role with this application:

\_\_\_\_\_

I confirm that the above-named consultant has been retained to participate in this application process as outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Authorizing Participant)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

To the best of my knowledge and belief, the information in this Defense Economic Adjustment Assistance Grant Application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participating Consultant)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_