



Defense Economic Adjustment Assistance Grant Application

Office of the Governor
Economic Development & Tourism
Texas Military Preparedness Commission

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Project
Community
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OFFICE OF THE GOVERNOR
ECONOMIC DEVELOPMENT & TOURISM

RICK PERRY
GOVERNOR

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

The program is administered by the Texas Military Preparedness Commission (Commission) in the Office of the Governor Economic Development and Tourism Division (Office). The Defense Economic Assistance Adjustment Grant was created by the 75th Legislature (SB277) and codified in Government Code Chapter 486 and Texas Administrative Code 1.1.4(b). The purpose of the program is to provide state funding for acquiring federal grant assistance or 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.

All grant funds must be expended by August 31, 2015. Due to time constraints, preference will be given to projects using grant funds towards the purchase of capital equipment with the intent of training defense workers whose jobs have been threatened, lost, gained or retained (Government Code .

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 486 and Texas Administrative Code 1.1.4(b).

Note: The project must be completed and all grant funds expended by August 31, 2015. Please contact the Texas Military Preparedness Commission should you have any questions or concerns.

Mail an original application as provided in this document to the following address:

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, contact the Texas Economic Development & Tourism Division at (512) 936-0100.

Please use the Defense Economic Adjustment Assistance Grant Application Guide while completing this document.

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 _____

Is the entity current on all obligations with the State of Texas? Yes No

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

Is there a pending claim or litigation against the entity? Yes No

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

Documents authorizing public entity to participate in program attached (i.e. public hearing, ordinance, resolution, etc.)? Yes No

Project Summary

Short title of Project or Purpose of Grant: _____

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

Funding Source	Total Dollar Amount	Percentage Share of Project
Requested Amount of Defense Economic Adjustment Assistance Grant	_____	_____
Assistance Request from Federal Agencies	_____	_____
Assistance from Other Sources	_____	_____
Local Community Funding	_____	_____

Projected Job Numbers

Number of Direct Jobs Created / Students or Workers Trained	_____
Number of Indirect Jobs Created	_____
Number of Direct Jobs Retained	_____
Number of Indirect 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 379
- 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 base realignment process

Summary of Eligibility (DEAAG App. Guide Page 2)

Provide a Summary of Eligibility with back-up 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*).

Impact Statement (DEAAG App. Guide Page 2)

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:

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 a 2 year period:

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 that has occurred or is predicted to occur. Describe the impact on housing, transportation, infrastructure and security (*attach additional pages as necessary*).

The applicant is not adversely impacted

Describe the impact of the gain in mission or personnel in the military or defense facility and community. Describe the impact on housing, transportation, infrastructure and security (*attach additional pages as necessary*).

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 (DEAAG App. Guide Page 3)

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, timeline, etc.) and documentation of the following applicable project characteristics *(continue on next page; attach additional pages as necessary)*.

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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Jobs Gained and/or Jobs Retained (DEAAG App. Guide Page 3)

Direct Full Time Jobs Expected to be Created

No Direct New Full-Time Jobs will be Created

Provide the following and attach a breakdown of the types of direct new full-time jobs to be created by classification, title, salary range or hourly rate for each, and the annual financial impact.

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 breakdown of the types of full-time jobs to be retained by classification, title, salary range or hourly rate for each, and the annual financial impact.

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 _____

Indirect Full-Time Jobs Expected to be Created

No Indirect Full-Time Jobs will be Created

Provide the following and attach a general breakdown of the types of indirect full-time jobs to be created by classification, title, salary range or hourly rate for each, and the annual financial impact.

Total Number of Indirect Full-Time Jobs to be Created _____

Total Amount of Annual Payroll for Created Jobs _____

Increased Amount of Taxes Created by New Jobs _____



Indirect Full-Time Jobs Expected to be Retained

No Indirect Full-Time Jobs will be Retained

Provide the following and attach a general breakdown of the types of indirect full-time jobs to be retained by classification, title, salary range or hourly rate for each, and the annual financial impact.

Total Number of Indirect Full-Time Jobs to be Retained _____

Total Amount of Annual Payroll for Retained Jobs _____

Increased Amount of Taxes Created by Retained Jobs _____

Provide an explanation regarding the expected job numbers above and how they will affect the local community (*attach additional pages as necessary*).

Existing Jobs at the Project Site

There are no Existing Jobs Currently Located at the Project Site

Complete the following and attach a breakdown of the types of existing jobs by classification, title, and the salary range or hourly rate for each:

Full-Time Jobs _____
Part-Time Jobs _____
Temporary/Seasonal Jobs _____
Contract Jobs _____
Begin Operations _____
Total Jobs at Project Site _____

Projected Date & Milestones of Project

Complete the following:

Begin Construction _____
Complete Construction _____
Purchase Machinery & Equipment _____
Begin Hiring New Employees _____
Begin Operations _____
Fully Operational _____

Is construction on leased property?

Yes No

Project Expense Estimate

Estimates Expense Schedule

Complete the following:

Expense Items	Expense by Fiscal Year			
	FY 2015	FY 2016	FY 2017	FY 2018
Administrative Expenses	_____	_____	_____	_____
Land Structures, ROW & Easement Acquisition	_____	_____	_____	_____
A/E Fee & Inspection	_____	_____	_____	_____
Demolition	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Capital Equipment	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Contingencies	_____	_____	_____	_____
Matching funds from Federal Award	_____	_____	_____	_____
TOTAL PROJECT COST	_____	_____	_____	_____

Provide any clarification or additional remarks in the following space:

Project Funding Sources (DEAAG App. Guide Page 4)

Funding Schedule:

Complete the following:

Funding Type	Source	Amount of Funding by Fiscal Year			
		FY 2015	FY 2016	FY2017	FY2018
		Federal Funding			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		State Funding			
<u>DEAAG</u>	<u>TMPC</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Local Funding			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Other Funding			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Total Funding			
		_____	_____	_____	_____

Provide any clarification or additional remarks in the following space:

Other Financial Partners

Is the State of Texas the sole financial partner? 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*).

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Request for Exceptional Funding

Applicant is not requesting exceptional funding

Establish and explain eligibility as hardship under Texas Administrative Code 1.4.34; 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 business plan to support the viability of the proposed project. Provide specific information on local efforts to secure adequate funding (*attach additional pages as necessary*).

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Local Economic Development Efforts

Please provide a summary to the extent to which the entity has used existing resources or other programs to promote economic development and private investments to create/retain jobs and recruit/retain qualified businesses (*attach additional pages as necessary*).

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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 486 of the Texas Government Code and Texas Administrative Code 1.1.4 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 _____

