DEFENSE ECONOMIC ADJUSTMENT ASSISTANCE GRANT

OFFICE OF THE GOVERNOR
Texas Military Preparedness Commission

Fall 2026

(Fiscal Year 2027)

For TMPC Use Only
Date Received
Applicant
Project

Program Overview

The program is administered by the Texas Military Preparedness Commission (Commission) within the Office of the Governor. The Defense Economic Assistance Adjustment Grant (DEAAG) is codified in Texas Government Code Chapter 436 and in Subchapter B of Title 1, Chapter 4 of the Texas Administrative Code.

Eligible local governmental entities may be awarded a grant if the commission determines that the entity may be adversely or positively affected by an anticipated, planned, announced, or implemented action of the United States Department of Defense (DoD) to close, reduce, increase, or otherwise realign defense worker jobs or facilities.

To review Texas Government Code 436, visit
https://statutes.capitol.texas.gov/Docs/GV/htm/GV.436.htm.

To review the Texas Administrative Code, visit
https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=1&ch=4&sch=B&rl=Y

All grant funds must be expended within two years of the award date. This grant follows the Texas Grant Management Standards.

A defense community is eligible for a grant from DEAAG if the commission determines that it satisfies one of the eligibility criteria as referenced in above in the Texas Government Code and Texas Administrative Code. The grant funds are administered on a reimbursement basis. Administrative costs will not be allowed for reimbursement. Please contact the Texas Military Preparedness Commission at **tmpc@gov.texas.gov** or 512-475-1475 should you have any questions.

The grant will be scored on the following criteria: military value, project probability, relation to the National Defense Strategy, dual military/community benefit, new missions, resiliency, and efficiency.

Unauthorized changes to this application will render the application and any subsequent grant void.

An endorsement letter from the installation commander is required. Other support letters can be attached to application but are not part of the scoring process.

This application is limited to 50 pages.

Applications are due no later than 5:00 PM CT on Friday, November 06, 2026.
Applications received after this time will be ineligible for consideration.

Applications are accepted via email (preferred) at tmpc@gov.texas.gov, in-person, or at the addresses below postmarked by the application deadline:

Mailing Address:
Texas Military Preparedness Commission
Commission Office of the Governor
P.O. Box 12428
Austin, TX 78711

Street Address:
Texas Military Preparedness
Office of the Governor
1100 San Jacinto
Austin, TX 78701

For additional information on DEAAG, please refer to http://www.gov.texas.gov/military/grants.

Applicant Information

Name of Applicant _____

Address _____

_____

Point of Contact _____

Point of Contact Phone _____

Point of Contact Email _____

1. 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.

2. 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.

3. Please provide documentation authorizing entity to participate in program. An example is a public hearing, ordinance, or resolution. Attach as Attachment C.

Project Summary

Project Name: _____

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

5.

Funding Source	Total Dollar Amount	Percentage Share of Project
A. Requested Amount of DEAAG		0.00%
B. Federal		0.00%
If DEAAG is being used towards matching a federal grant, please note the total amount of the federal grant.		0.00%
C. Local Community Funding (Note if funding is in-kind).		0.00%
D. Other Sources		0.00%
Total Project	$ 0.00	0.00%

Eligibility

6. An entity is eligible for DEAAG 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 boundaries.

☐ Public junior college district that is wholly or partly 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 379B.

Eligibility of Adversely Affected Community

☐ This applicant is not adversely affected. Please proceed to question 8.

7. An entity is an adversely affected defense community if it has experienced:

☐ An anticipated, planned, announced, or implemented action of the Department of Defense to close, reduce, or otherwise realign defense worker jobs or facilities.

Eligibility of a Positively Affected Community

☐ This applicant is not positively affected. Please proceed to question 9.

8. An entity is a positively affected defense community if it has experienced:

☐ Increase in military missions, including personnel gains at a 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.

Summary of Impact & Eligibility

9. Provide a Summary of Eligibility regarding status as positively or negatively affected community with documentation.

   Describe the impact of the change 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 where applicable. Attach additional pages as necessary as Attachment D.

   DEAAG program consideration/eligibility is dependent on supporting documentation.

Project Description

10. Check all that apply:

- ☐ Construct New Facility / Infrastructure[1]
- ☐ Expand Existing Facility / Infrastructure[1]
- ☐ Renovate Facility / Infrastructure[1]
- ☐ Federal Grant Match[2]
- ☐ Property Purchase[3]
- ☐ Purchase of Insurance[4]
- ☐ Purchase Capital Equipment
- ☐ Purchase Training Equipment

1 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.

2 Federal Match Grant – Summarize the use of the DEAAG funding in obtaining federal funding. A federal award letter, Memorandum of Understanding, or agreement must be provided before the release of state grant funds.

3 Property Purchase – Describe the real or personal property to be purchased. 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.

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

11. Provide a description of the project in the space below including specific details and documentation of the applicable project description as noted above. Examples include anticipated costs, project timeline, military gifting timeline, etc. Attach additional pages as necessary as Attachment E.

12. Does the project add military value to a military installation or defense facility? How? Attach additional pages as necessary as Attachment F.

13. Does the project fit into the most recent National Defense Strategy? How? Attach additional pages as necessary as Attachment G.

14. Does the project have dual community/military benefit? How? Attach additional pages as necessary as Attachment H.

15. Does the project bring in new missions or expand current missions? How? Attach additional pages as necessary as Attachment I.

16. Does the project add resiliency to the military installation? How? Attach additional pages as necessary as Attachment J.

17. Does the project help the military installation become more efficient or save money on costs such as utilities? How? Attach additional pages as necessary as Attachment K.

Projected Completion Date & Project Milestones

18. Complete the following applicable milestones:

Begin Construction _____

Complete Construction _____

Purchase Machinery & Equipment _____

Begin Operations _____

Fully Operational _____

19. Is construction on Department of Defense property?

☐ Yes ☐ No

20. Is construction on local, city, or county owned property?

☐ Yes ☐ No

21. Please provide limited and relevant information concerning your expenses for the project. For example, provide an overview of a budget as opposed to the full budget. Please provide as attachment L.

Administrative costs will not be reimbursed through this grant.

The Office of the Governor follows Texas Grant Management Standards as set by the State of Texas and the Federal Government. Please review these standards before submitting your projected expenses. ***For more information, visit*** *https://comptroller.texas.gov/purchasing/grant-management/*

Project Expense Estimate

Expense Estimates Schedule (Grant Funds Only)

Purchase of Property	
Professional & Consultant Services	
New Construction (Infrastructure)	
Rehabilitation & Renovation (Infrastructure)	
Capital Equipment [5]	
Facilities Insurance	
Training Equipment [6]	
Training Supplies [7]	
Total Cost (Grant Funds Only)	

Provide any clarification in the following space.

5 Per TxGMS, "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and a per unit acquisition cost of $5,000 or more.

6 *Id.*

7 Per TxGMS, items of equipment with a per unit acquisition cost of less than $5,000 are considered supplies.

Project Funding Sources

Funding Schedule

22. Please complete the following where applicable:

Funding Type	Source	Amount of Funding
Federal		
State		
	DEAAG TMPC	
Other State/Entity		
Local		
Other		
Total		

Other Financial Partners

23. Is DEAAG the sole source of project funding? If no, please provide additional information in the section below.

☐ Yes ☐ No

Provide a description explaining the funding types and sources identified in the funding schedule. Include a description of any ongoing efforts to acquire funding from other sources including federal agencies and other financial partners. Attach additional pages as necessary as Attachment M.

Request for Exceptional Funding

☐ Applicant is **not** requesting exceptional funding.

If requesting more than 50% of the project funds from the TMPC, the following information is needed. Only 50% of the request can be granted without the required justification.

24. 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 information on the lack of revenue and resources prompting this request. Provide specific information on local efforts to secure adequate funding. A*ttach additional pages as necessary as Attachment N.*

Additional Information

If additional information specific to this project is needed, please attach pages as Attachment O.

Applications are limited to 50 pages.

Certification of Application

Grantee Governing Body Representative (Required)

Prefix _____

First Name _____

Last Name _____

Title _____

Organization _____

Mailing Address _____

Phone Number _____

Fax Number _____

Email 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 evidence 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*)

Participating Legal Counsel (Optional)

☐ No legal counsel involved in the project.

This page may be discarded from application package if not used.

Prefix _____

First Name _____

Last Name _____

Title _____

Organization _____

Mailing Address _____

Phone Number _____

Fax Number _____

Email Address _____

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

Signature _____ Date _____

(*Governing Body Representative*)

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 (Optional)

☐ No grant administrator involved in the project.

This page may be discarded from application package if not used.

Prefix _____

First Name _____

Last Name _____

Title _____

Organization _____

Mailing Address _____

Phone Number _____

Fax Number _____

Email Address _____

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 _____

(*Governing Body Representative*)

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 _____