

Defense Economic Adjustment Assistance Grant

Office of the Governor

Texas Military Preparedness Commission

Fall 2017

# Program Overview

The Defense Economic Adjustment Assistance Grant (DEAAG) program is an infrastructure grant program designed to assist defense communities that are responding to or recovering from a reduction or termination of defense contracts, and those that have been positively affected with new or expanded military missions, as well as, qualified job retention. DEAAG funding is available to local municipalities, counties, defense base development authorities, junior college districts and Texas State Technical College campuses, and region planning commissions representing these communities.

Funding can be used for negatively and positively affected communities or for proactive projects that will increase the military value of the installation. Projects can include the purchase of Department of Defense property, new construction or rehabilitation of facilities in support of job creating projects and opportunities. Additionally, funds can be awarded to junior colleges or Texas State Technical College system entities for the purchase or leasing of capital equipment for the purpose of (re)training displaced defense workers. Grants awarded may range from $50,000 to $5 million per project.

**All grant funds must be expended by August 31, 2019. This grant follows the Uniform Grant Management Standards.**

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, 2019**. No administrative costs will be allowed for reimbursement. Please contact the Texas Military Preparedness Commission at[**tmpc@gov.texas.gov**](mailto:tmpc@gov.texas.gov)or 512-475-1475 should you have any questions.

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

Mailing Address: Street Address:

Texas Military Preparedness Commission Texas Military Preparedness Commission

Office of the Governor Office of the Governor

P.O. Box 12428 1100 San Jacinto

Austin, TX 78711 Austin, TX 78701

For additional information on the Defense Economic Adjustment Assistance Grant, please refer to [http://www.gov.texas.gov/organization/military/grants.](%20http://www.gov.texas.gov/organization/military/grants.)

**Please attach any support letters to application. Please ensure that application is concise. Links to large documents are preferable to sending full copies. No multimedia other than printed photos will be accepted. Any unauthorized changes to a submitted grant application will render the application void.**

**Application is due by 5:00 PM CST on Monday, October 16, 2017.**

# Applicant Information

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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).

1. 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).

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

Yes No

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

### *Please continue application on next page.*

# Project Summary

Project Name and/or Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Total Dollar Amount** | **Percentage Share of Project** |
| 1. Requested Amount of Defense Economic Adjustment Assistance Grant |  |  |
| 1. Federal Funding |  |  |
| If DEAAG is being used towards matching a federal grant, please note the total amount of the federal grant |  |  |
| 1. Assistance from Other Sources |  |  |
| 1. Local Community Funding (If using as in-kind, please attach additional information as Attachment E) |  |  |

5. Projected Job Numbers

Number of Direct Jobs Created \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Students or Workers Trained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Jobs Retained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Eligibility

6. 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 379B

# Eligibility of Adversely Affected Community

This applicant is not adversely impacted

7. 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 a Positively Affected Community

This applicant is not positively impacted

8. An entity is a positively affected defense community 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.

# Summary of Eligibility

9. 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).

# Impact Statement

### Area Employment Impact

10. Provide Texas Workforce Commission Statistics on annual unemployment numbers for 2015 and 2016.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Number of Jobs | | Unemployment Rate | |
| Year | Within MSA | Within County | Within MSA | Within County |
|  |  |  |  |  |
|  |  |  |  |  |

11. 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 |
|  |  |  |
|  |  |  |

12. 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).

This applicant is not adversely impacted

13. 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).

This applicant is not positively impacted

14. 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

# Project Characteristics, Description, and Military Value

15. Please check all that apply:

New Jobs

Retained Jobs

Both New & Retained Jobs

Construct New Facility / Infrastructure[[1]](#footnote-1)

Expand Existing Facility / Infrastructure1

Renovate Facility / Infrastructure1

Federal Grant Match[[2]](#footnote-2)

DoD Property Purchase[[3]](#footnote-3)

Purchase of Insurance[[4]](#footnote-4)

Purchase Capital Equipment

16. Provide an in-depth description of the project in the space below including specific details (costs, proposed project budget, timeline, etc.) and documentation of the following applicable project characteristics (attach additional pages as necessary as Attachment I.)

17. 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 Military Installations

18. 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 direct new 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Jobs Gained and/or Jobs Retained for Defense Facilities

18. 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 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 full-time jobs to be retained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount of annual payroll for retained jobs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of taxes generated by retained jobs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Projected Completion Date & Milestones of Project

19. Complete the following applicable milestones:

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

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

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

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

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

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

20. Is construction on leased property?

Yes No

21. Is construction on Department of Defense (DoD) property?

Yes No

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

Yes No

23. 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. Please provide as attachment L.

***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.***

***No administrative costs will be reimbursed through this grant.***

# Project Expense Estimate

## Estimates Expense Schedule

24. Complete the following by state fiscal year (September 1 – August 31)

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY 2017 | FY 2018 | FY 2019 |
| Purchase of Property |  |  |  |
| Professional & Consultant Services |  |  |  |
| New Construction |  |  |  |
| Rehabilitation & Renovation (Infrastructure) |  |  |  |
| Capital Equipment[[5]](#footnote-5) |  |  |  |
| Facilities Insurance |  |  |  |
| Training Equipment[[6]](#footnote-6) |  |  |  |
| Training Supplies[[7]](#footnote-7) |  |  |  |
| Matching Funds |  |  |  |
| **Total Project Cost** |  |  |  |

Provide any clarification or additional remarks in the following space:

# Project Funding Sources

## Funding Schedule

25. Please complete the following where applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Type | Source | Amount of Funding by Fiscal Year | | |
|  |  | FY 2017 | FY 2018 | FY 2019 |
| Federal Funding |  | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| State Funding |  | | | |
|  | DEAAG-TMPC |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Local Funding |  | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other Funding |  | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Funding |  |  |  |  |

Provide any clarification or additional remarks in the following space:

## Other Financial Partners

26. 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 assigned applications for funding, grant award documents and Memorandums of Understanding (attach additional pages as necessary as Attachment L).

## Request for Exceptional Funding

**This question must be filled out if you are requesting more than 50% of your project funds from the TMPC. If it is not filled out, you cannot be granted more than 50% of your request.**

Applicant is not requesting exceptional funding

27. 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).

# Certification of Application

## Grantee Governing Body Representative

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*)

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

## Participating Legal Counsel

No legal counsel involved in the project

Prefix \_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

(*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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the consultant’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 Consultant*)

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

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. [↑](#footnote-ref-1)
2. 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. [↑](#footnote-ref-2)
3. 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. [↑](#footnote-ref-3)
4. Purchase of Insurance – Describe the insurance to be purchased including the type of coverage limits. [↑](#footnote-ref-4)
5. Per UGMS, “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. [↑](#footnote-ref-5)
6. *Id.* [↑](#footnote-ref-6)
7. Per UGMS, items of equipment with a per unit acquisition cost of less than $5,000 are considered to be supplies. [↑](#footnote-ref-7)