

**ISIDRO R. ALANIZ**  
**DISTRICT ATTORNEY**  
**49TH JUDICIAL DISTRICT**

COUNTIES OF

WEBB



ZAPATA

**Letter of Intent to Apply**  
**REVISED 01/08/2018**

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Date: March 26, 2021

Honorable Tano Tijerina  
Webb County Judge  
Webb County Courthouse  
1000 Houston Street (3<sup>rd</sup> Floor)  
Laredo, Texas 78040

Re: Letter of Intent to apply for “ Victim Coordinator and Liaison Grant (Office of the Attorney General)”

Dear Judge Tijerina:

In accordance with the Webb County Single Point of Contact (SPOC) Policy and Procedures – *revised 1/8/18*, please accept this “*Letter of Intent to Apply*” for grant funds under the Office of the Attorney General of Texas “Victim Coordinator Liaison Grant”.

The District Attorney’s Office requests authorization to apply for a grant of \$42,000 from the Office of the Attorney General for the continuation of a FY2022-2023 “Victim Coordinator & Liaison Grant” project. Your favorable review of the following information required under the SPOC policy and authorization to develop and submit the grant proposal shall be appreciated.

**General Information:**

- A. Project Title: FY2022-2023 “Victim Coordinator Liaison Grant”
- B. Project Description: The need to assist Webb County residents who are victims of a violent crime will be addressed through a crime victim’s coordinator position by utilizing the Crime Victims Compensation Program.
- C. Contact Person: David Sanchez Jr
- D. Department/Office Telephone number: District Attorney’s Office – 523-4487

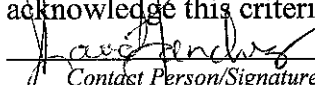
E. All departments that request grant application authorization from the County Commissioner's Court are required to participate in the County Biometric Time Clock Plus system in order to ensure compliance with existing County policy. Please acknowledge compliance with the signature of the designated Contact Person:

  
Contact Person/Signature

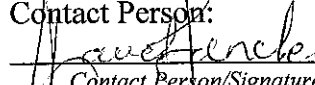
F. For all grant-funded projects involving current county employees that propose grant funding for overtime will be required to use the County Biometric Time Clock Plus system and have GPS monitors in their vehicles, except for those involved in undercover work. Please acknowledge the intent to comply with the signature of the designated Contact Person:

  
Contact Person/Signature

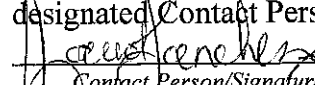
G. All future grant-funded programs involving current County employees will include only Full Time Equivalency (FTE) percentages in a project's budget and will also apply to all future renewal projects; Please acknowledge this criteria with the signature of the designated Contact Person:

  
Contact Person/Signature

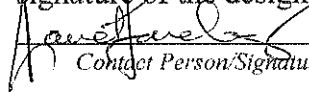
H. A complete hard copy of the grant application is required to be submitted to the Economic Development Department inclusive with the "Letter of Intent to Apply" at least two (2) weeks before the grant application is presented to the County Commissioners Court requesting authorization to submit the grant application to the State or Federal funding agency. The complete hard copy of the grant application shall include at a minimum - Project Narratives, Performance Statement, Budget, Personnel Budget breakdown and Budget Narratives. This policy will be effective February 27, 2017; If not provided at submission of the Letter of Intent, then it must be submitted with ample time for review and approval by the Grant Application Review Committee (GARC)? Extenuating circumstances for not adhering to this procedure must be provided in writing for review and approval. Please acknowledge this requirement with the signature of the designated Contact Person:

  
Contact Person/Signature

I. Any and all budget amendments, budget modifications and/or line item transfer requests that may arise from grant-funded activity shall be submitted through the Economic Development Department - Single Point of Contact (whether Competitive or Formula grants, County (Federal and State allocations) that use the Webb County General Fund first then receives reimbursement at a later time). The budget request will be forwarded for review by the Grant Application Review Committee (GARC) for possible placement on the Webb County Commissioner's Court Agenda. Please acknowledge this requirement with the signature of the designated Contact Person:

  
Contact Person/Signature

J. All departments that request a refunding or continuation grant application authorization from the County Commissioner's Court are required to provide documentation from the Funding Agency confirming/verifying previous or on-going grant compliance. The documentation shall be submitted to the Economic Development Department - Single Point of Contact at least two (2) weeks before the grant application is presented to the County Commissioners Court. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

K. A representative from the Department requesting authorization to apply for a grant must be present at the Commissioner's Court meeting to respond to any questions from Commissioner's Court regarding the proposed grant application. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

K. Project Time Frames:	Start Date:	9-1-2021
	Ending Date :	8-31-2023
	Project Duration:	24 Months

L. Project Area: Law Enforcement – Domestic Violence

**Project Analysis:**

- 1) What County needs, services or problems will be addressed by this project? The need to assist Webb County residents who are victims of a violent crime will be addressed through The Crime Victims Compensation Program. The Crime Victims' Compensation Program which is administered by the Office of the Attorney General will help ensure that victims of violent crime are provided financial assistance for crime-related expenses that cannot be reimbursed by insurance or other sources. Eligible applicants may receive assistance with the following expenses related to the crime: medical, psychiatric, loss of wages, childcare, loss of support, funeral and burial expenses, replacement costs for property seized as evidence and one-time relocation expenses.
- 2) What is the grant matching amount of local funds or in-kind that will be proposed? Please identify specific sources of funds. No Matching Funds or in-kind is required.
- 3) Will this proposed project add cost, services or any financial responsibility to the County's General Fund after the project ends? The county is not obligated to continue the program therefore no additional cost will be added to the General Fund.
- 4) Will this project add employees to the county payroll if and when the grant is terminated? No, the county is not obligated to continue funding the project once the grant is terminated.

- 5) Does this project propose any monetary grant-funded stipends, incentive pay, supplement pay or any other pay that exceeds County General Fund salary? These types of monetary compensation are strictly prohibited. No.
- 6) What are the operating and maintenance costs of the grant funded project activities that will be funded by the county? No activity will be funded by the County
- 7) How many citizens will be served and in what way? The grant will service the citizens of Webb County and its surrounding areas.
- 8) Please provide the name of the department representative responsible for providing the Economic Development staff with the copy of the submitted grant application. David Sanchez Jr.

**Financial Analysis**

A. Type of Request: Grant (X) Loan ( ) Combination ( )

Amount of Request: \$42,000

Amount of Cash Match/In-Kind \$-0-

Total Project Costs: \$42,000

New ( ) Continuation (X)

Funding Agency: Attorney General of Texas

B. Is there any assurance that the grant will be continued/refunded by the funding agency? No.

C. What wording or commitments will be included in the grant application for 'continuity of activities', 'project sustainability plan' or 'funding of activities' after the grant has ended? Please explain in detail. There is no commitment to continue the project once the grant terminates.

**For Economic Development Department Office Use Only:**

**IV. APPLICATION REVIEW COMMENTS**

A. STAFF COMMENTS :

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_