

**SAA / Division of Emergency Management
Budget Worksheet**

Council of Government:

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Project Title:
Performance Start date:
Performance End date:
Number of Months
Grant Year
Total Grant Request

Interoperable Emergency Communications Grant Program
15-Sep-08
30-Apr-10
2008

Point of Contact:

Name
Title
Organization
Email
Telephone
Fax

Certification Authority:

Name
Title
Organization
Email
Telephone
Fax

Certification AuthoritySignature:

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By signing this document you are acknowledging that you are aware that you may be audited by TX DPS/SAA and/or DHS to validate the provided budget.

Instructions

- Step 1** - Complete the Point of Contact and Certification Authority Information.
- Step 2** - Complete and sign Grant Budget Form.
- Step 3** - Return a copy of your approved indirect cost rate letter