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BASTROP BLANCO BURNET CALDWELL FAYETTE HAYS LEE LLANO TRAVIS WILLIAMSON

## CAPCOG FY 2020 – APPLICATIONS FOR GAS PUMP SKIMMER PILOT PROJECT

### Part 1. Application Information and Signature Page

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Applicant Agency	Date Submitted
Address	Funding Amount Requested
City, State Zip	Phone
Contact Person	Email

**Signature {Print, sign, and submit with your application documents. Signatures are required to submit a complete application.}**

By the following signature, the Applicant certifies that it has reviewed the certifications, assurances, and deliverables included in this application, that all certifications are true and correct, that assurances have been reviewed and understood, and that all required deliverables are included with this application.

Signature	Title
Typed/Printed Name	Date

## **Part 2. Certifications and Assurances**

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### **Certifications**

In order to receive funds under this program, the proposed project must conform to the provisions of the program. By signing this Application, the person acting on behalf of the Applicant makes the certifications listed below.

#### **Authority to Sign Application**

The person signing this Application hereby certifies that he/she is the official contact regarding this Application and has authority from the Applicant to sign the Application and that such authority will bind the Applicant in subsequent agreements.

#### **Application Contains No False Statements**

Applicant certifies that this Application has no false statements and that the Applicant understands that signing this Application with a false statement is a material breach of contract and shall void the submitted Application and any resulting contracts. The Applicant understands that the COG will not accept any amendment, revision, addition or alteration to this Application after the final date and time for submission.

#### **Governmental Status**

Applicant certifies that it is a law enforcement agency located in the State of Texas and fits within one of the governmental classifications listed below, as determined under state law:

1. City
2. County

#### **Debarment from State Contracts**

Applicant certifies that it is not barred from participating in state contracts by the State of Texas Comptroller of Public Accounts under the provisions of §2155.077, Government Code.

#### **Technical Feasibility**

Applicant certifies that it has carefully reviewed its Scope of Work and that to the best of their knowledge and ability all activities are technically feasible and can be satisfactorily completed within the grant period as set forth in the Request for Applications.

#### **Costs Reasonable and Necessary**

Applicant certifies to the best of their knowledge and ability that the proposed project activities and the expenses outlined in this application are reasonable and necessary to accomplish the project objectives, and that the proposed expenses are consistent with the costs of comparable goods and services.

## **Assurances**

If the application is approved for funding, the grant funds will be awarded through a contract between the Applicant and the COG. The grant contract will contain a number of standards, requirements, and processes that must be complied with as a condition of receiving the grant funds. In order to ensure an understanding by the Applicant of some of the main conditions that will be included in the contract, the Applicant is asked to review the following assurances. By signing this Application, the person acting on behalf of the Applicant indicates their understanding of these conditions and provides assurances that these and other conditions set forth in the grant contract will be adhered to if funding is awarded.

## **Compliance with Progress and Results Reporting Requirements**

Applicant provides assurances that, if funded, the Applicant will comply with requirements for: reporting on the progress of the project tasks and deliverables; documenting the results of the project and providing those results to the COG on a schedule established by the COG, and additionally, to continue to document the results of the project activities for the life of the project; and to provide the COG with a follow-up results report approximately one year after the end of the grant term.

## **Financial Management**

Applicant provides assurances that, if funded, the Applicant will comply with contract provisions and requirements necessary to ensure that expenses are reasonable and necessary, and to adhere to financial administration and reimbursement procedures and provide financial reports on a schedule established by the COG.

## **Compliance with Program and Fiscal Monitoring**

Applicant provides assurances that, if funded, the Applicant will comply with program and fiscal monitoring provisions of the contract, including providing additional reports or information as may be requested to adequately track the progress of the project, and allowing site visits to evaluate the progress of the project and to view any grant-funded equipment or facility.

### Part 3. Project Description

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***To be considered for the gas skimmer surveillance program, please provide all items requested below when returning application and complete all questions:***

1. Provide a complete report of skimmer statistics in your city/county for the last 2 years.  
**(Scan and email with application)**
2. Please provide a map of the proposed surveillance area(s) and/or list the locations that you propose to monitor.

Name	Location/Address

3. Will your agency use officers trained on surveillance techniques? **Yes No**

4. Please list the number of staff you will utilize with surveillance plan details:

Name	If Received Surveillance Training, List Date/Location of Class

5. Can your agency remain dedicated to surveillance for 4 weeks, 3 times per week and a minimum of 4 hours/day? If not, explain why.

6. What is the **regular** hourly rate for your officers? \_\_\_\_\_/HR.

7. Will your agency be able to use undercover vehicles for surveillance activities? **Yes** **No**

8. Have your officers attended CAPCOG's skimmer training? **Yes** **No**

If yes, what date was the training? \_\_\_\_\_

9. How will funding at this time help you in addressing this problem?

10. What has your agency done in the past to mitigate reported skimmer crimes?

**11. The reporting for this project must include:**

- Address of locations, day and time of surveillance visits
- Identification of breach – officer, location, day and time
- Description of investigation

**Reimbursement Process:**

Reimbursement to the local government will be made upon completion of required reports and shall be based on hourly rate for officers conducting surveillance during the pilot project.

Request for reimbursement must be accompanied by a list of all officers who logged time to the project including their hourly rate and schedule of locations visited on each day.

All reports and requests for reimbursement must be submitted to CAPCOG no later than October 30, 2020.

Do you agree to the application criteria and reimbursement process as defined above?

Yes    No

## Part 4. Project Cost

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Hourly cost (regular hourly rate): \$ \_\_\_\_\_

Total hours committed to surveillance (at least 4 weeks, 3X per week, time number of officers) \_\_\_\_\_

TOTAL PROJECT COST (total hours X hourly rate): \$ \_\_\_\_\_

Provide explanation of project cost, including details for any matching funds or other resources