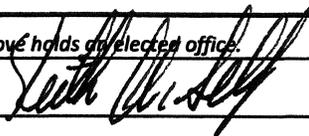


**FISCAL YEAR 2015  
EMPG STAFFING PATTERN**

|   |                               |                                 |   |                               |  |                               |
|---|-------------------------------|---------------------------------|---|-------------------------------|--|-------------------------------|
| <b>1. APPLICANT NAME</b> (as is appears on EMPG application)<br>Collin County   |                               |                                 |   | <b>2. COUNTY</b><br>Collin    |  |                               |
| <b>3. FULL-TIME EMPLOYEES</b><br><i>(including those who work all or only a portion of their time in emergency management duties)</i> | <b>4. Gross Annual Salary</b> | <b>5. Gross Annual Benefits</b> | <b>6. Gross Salary &amp; Benefits (4+5)</b> | <b>7. % Work in EM Duties</b> | <b>8. Salary &amp; Benefits for EM (6x7)</b> | <b>9. Est EM Travel Costs</b> |
| Name: Jason Lane  |                               |                                 |   |                               |  |                               |
| Position: Assistant Emergency Management Coordinator  | 75,000.00                     | 22,957.32                       | 97,957.32                                   | 100%                          | 97,957.32                                    | 2,000.00                      |
| Name:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Position:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Name:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Position:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Name:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Position:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Name:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| Position:   |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>A. SUBTOTAL:</b>   |                               |                                 |   |                               | 97,957.32                                    | 2,000.00                      |

|                                |                           |                                |                                  |  |                                |   |                                |
|--------------------------------|---------------------------|--------------------------------|----------------------------------|--|--------------------------------|---|--------------------------------|
| <b>10. PART-TIME EMPLOYEES</b> | <b>11. % of Full Time</b> | <b>12. Gross Annual Salary</b> | <b>13. Gross Annual Benefits</b> | <b>14. Gross Salary &amp; Benefits (12+13)</b> | <b>15. % Work in EM Duties</b> | <b>16. Salary &amp; Benefits for EM (14x15)</b> | <b>17. Est EM Travel Costs</b> |
| Name:                          |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Position:                      |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Name:                          |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Position:                      |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Name:                          |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Position:                      |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Name:                          |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Position:                      |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Name:                          |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| Position:                      |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>B. SUBTOTAL:</b>            |                           |                                |                                  |  |                                | 0.00  | 0.00                           |
| <b>TOTAL:</b>                  |                           |                                |                                  |  |                                | <b>18.</b><br>97,957.32                         | <b>19.</b><br>2,000.00         |

|   |
|---|
| <b>CERTIFICATION:</b> <i>I certify that no individual listed above holds an elected office.</i>                       |
| Signature of Authorized Official:  |
| Printed name of Authorized Official: Keith Self   |
| Date Signed: 1/12/15  |