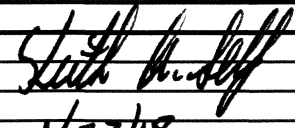


**FISCAL YEAR 2018  
EMPG STAFFING PATTERN**

|   |                               |                                 |   |                               |  |                               |
|---|-------------------------------|---------------------------------|---|-------------------------------|--|-------------------------------|
| <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> |
| <b>Name:</b> James McCrone  |                               |                                 |   |                               |  |                               |
| <b>Position:</b> Emergency Management Coordinator   | 78,337.18                     | 25,615.43                       | 103,952.61                                  | 90%                           | 93,557.35                                    | 2,000.00                      |
| <b>Name:</b> Will Allen   |                               |                                 |   |                               |  |                               |
| <b>Position:</b> Assistant Emergency Management Coordinator   | 59,490.61                     | 22,550.97                       | 82,041.58                                   | 100%                          | 82,041.58                                    | 2,000.00                      |
| <b>Name:</b>  |                               |                                 |   |                               |  |                               |
| <b>Position:</b>  |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>Name:</b>  |                               |                                 |   |                               |  |                               |
| <b>Position:</b>  |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>Name:</b>  |                               |                                 |   |                               |  |                               |
| <b>Position:</b>  |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>Name:</b>  |                               |                                 |   |                               |  |                               |
| <b>Position:</b>  |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>Name:</b>  |                               |                                 |   |                               |  |                               |
| <b>Position:</b>  |                               |                                 | 0.00  |                               | 0.00   |                               |
| <b>A. SUBTOTAL:</b>   |                               |                                 |   |                               | 175,598.93                                   | 4,000.00                      |

|                                |                           |                                |                                  |  |                                |   |                                |
|--------------------------------|---------------------------|--------------------------------|----------------------------------|--|--------------------------------|---|--------------------------------|
| <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> |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>Name:</b>                   |                           |                                |                                  |  |                                |   |                                |
| <b>Position:</b>               |                           |                                |                                  | 0.00   |                                | 0.00  |                                |
| <b>B. SUBTOTAL:</b>            |                           |                                |                                  |  |                                | 0.00  | 0.00                           |
| <b>TOTAL:</b>                  |                           |                                |                                  |  |                                | 175,598.93                                      | 4,000.00                       |

**CERTIFICATION:** I certify that no individual listed above holds an elected office.

**Signature of Authorized Official:** 

**Printed name of Authorized Official:** Keith Self

**Date Signed:** 1/23/18