

1. **Name:** FRANK CAPELLO
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2. **Title:** DIRECTOR of SECURITY
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3. **Organization you are representing:** BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
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6. **Date of hearing:** May 29,2014
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5. **Any federal grants or contracts (including subgrants or subcontracts) which you, personally, have received since October 1, 2011, from Federal Agencies under the purview of the hearing, the source and the amount of each grant or contract: (attach additional pages as necessary).**

NONE

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6. **Any federal grants or contracts (including subgrants or subcontracts) which were received since October 1, 2011, from Federal Agencies under the purview of the hearing by the organization(s) which you represent at this hearing, including the source and amount of each grant or contract: (attach additional pages as necessary)**

(1) Program Name : TSA National Explosives Detection Canine Team  
Federal Agency : TSA Agreement Number : HSTS0208HCAN422 Mod P0007-P00010  
Amount: \$1,633,500.00

(2) Program Name : TSA Threat Assessment & Sector Management Programs  
Federal Agency : TSA Agreement Number : HSTS0213HSLR023 Mod P00001- P00002  
Amount : \$2,496,600.00

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**Signature of Witness:**



Your signature WILL NOT be posted to the Committee website.