

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name **Internet Crimes Against Children**
Grantor **City of Colorado Springs**
Amount applied for **\$4,110**
Application/submission deadline **08/31/2025**
Does application/proposal require/imply acceptance? _____
Office/Department/Division applying _____
Grant period (time to expend funds) _____
New grant _____ Renew existing Expand existing _____
Previous grant name and dates, if applicable _____
Federal grant If so, federal agency **National Center for Missing and Exploited Children**
If so, CFDA #(s) **16.543**
If on grants.gov, Opportunity # _____
State grant _____ If so, state agency _____
Are federal funds passed through _____
If so, CFDA #(s) _____
Apply via COGMS online? _____
Other grantor **Colorado Springs Police Department** (pass through) _____

Benefits

What is grant expected to accomplish? **To provide updated training to deputies working Internet crimes against children cases.**
How does it align with County and department goals and objectives? **Public Safety**
How will success be measured **Public Safety**
What constituency is expected to benefit? **Citizens**
New service _____ Existing service _____ Expanded service
Alternatives to using grant to accomplish this benefit **Not accepting the grant fund and not providing the expanded service to the community**

Cost/Budget

Matching funds
Matching funds required – Cash _____ In-kind _____ Funding source _____
FTE's
New FTE's? _____ Duration _____
If not grant funded, describe funding plan _____
Are benefits covered? _____ How much? _____ If not, plan to cover _____
Describe any potential workman's comp risk _____
If occurred, plans to fund _____
Anticipated unemployment costs when termed _____
Plans to fund unemployment or workman's comp after grant is closed _____
Describe space and equipment available for new FTE _____

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Are additional space or equipment costs covered in grant? _____

Fixed/capital asset

Describe asset _____

Estimated dollar amount & how derived _____

Did process of estimating costs meet federal or grant requirements? _____

Specific purchasing requirements _____

Requirements for use of asset _____

Requirements for disposition of asset _____

Plan to replace when expired? ___ When? ___ How? _____ How much? ___

Plan for funding IG rents _____

IT hardware/software _____

Anticipated implementation costs and how funded _____

Anticipated implementation timeline _____ Corroborated with IT? _____

Priority ranking _____

Staff dedicated to implementation _____

Anticipated asset maintenance costs _____ Plan to fund them _____

Advance or reimbursement grant **Reimbursement**

If reimbursement, how often will requests be filed **End of Grant Period** _____

Is there a time frame to be met after which it becomes nonreimbursable? _____

How plan to meet that deadline _____

How plan to fund non-reimbursable expenditures **General Fund** _____

Allowable costs

Anticipated administration costs _____

What are allowable costs for reimbursement _____

If subject to single audit, will grant pay fees? _____

If audit and admin costs are not covered, plans for funding them _____

Compliance Requirements

Does the grant require:

EEOP **NO** _____

Drug-free workplace _____

Davis-Bacon _____

Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases _____

Does acceptance of the grant obligate the County to provide goods/services/service levels/standards beyond the grant period or funding? **NO** _____

If so, describe _____

Plans for funding _____

Other compliance requirements specific to this grant _____

Impact on County Operations

Does the grant require IT support to implement or support? **NO** _____

Describe plans _____

Describe plans for tracking and reporting _____

Requesting Finance to assist in setting up grant tracking system in SAP **IO's**

Describe the training and experience of the staff responsible for the tracking and reporting of this grant _____

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Does the grant require FFM assistance for additional space for FTE or equipment _____

Describe plans _____

Will the grant require any change in County or department/office policy? _____

If so, describe _____

Describe any other potential impact on other departments/offices _____

Other Considerations

Is there an automatic renewal in subsequent years? NO _____

Is it a regional grant benefiting more than just Arapahoe County _____

If so, describe _____

Is the County acting as fiscal agent? _____

If so, attach narrative describing entities covered, responsibilities, how admin costs are funded, benefits & exposure _____

Are funds being passed through to another agency/partner/subgrantee? _____

If so, describe _____

Describe plans to monitor subgrantee compliance _____

Are others participating in costs? _____ How? _____

Are there any other potential liabilities _____

Name and title of person authorized/responsible for

Grant application: Sgt. Johnnie Turnidge _____

Required reporting: Shauna Deeble _____

Reimbursement requests: Shauna Deeble _____

Plan for approval

Drop-in _____

Study Session _____

Dept/Office signature only X _____

Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant Sheriff's Office _____

Attorney's Office _____

Attorney's Office – Risk Mgmt _____

Facilities & Fleet Management _____

Finance – Grants _____

Finance – Budget _____

Finance – Purchasing _____

HR _____

IT _____

Attachments

List attachments

Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe _____

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Signature

Grant submitted by

Name **Johnnie Turnidge** _____

Title **SGT** _____

Elected Official/Department Director/Designee _____

Date **01/06/2025** _____

Reviewed by

County Attorney's Office

Name _____

Title _____

Date _____

Comments _____

Finance Department

Accounting – Grants

Name Gustavo Guzman

Title Grant Accountant

Date 03/27/2024

Comments _____

Budget

Name _____

Title _____

Date _____

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____