

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name: Colorado Court Security Cash Fund Grant
Grantor: State of Colorado
Amount applied for **\$94,613.40**
Application/submission deadline: 03/07/24
Does application/proposal require/imply acceptance? Yes
Office/Department/Division applying: Sheriff Detention Bureau/Court Services Section
Grant period (time to expend funds) : 1/1/24-12/31/24
New grant _____ Renew existing Expand existing _____
Previous grant name and dates, if applicable _____
Federal grant _____ If so, federal agency _____
If so, CFDA #(s) _____
If on grants.gov, Opportunity # _____
State grant If so, state agency: Colorado Judicial Department
Are federal funds passed through _____
If so, CFDA #(s) _____
Apply via COGMS online? _____
Other grantor _____

Benefits

What is grant expected to accomplish? Improved Court Security.

How does it align with County and department goals and objectives? Provide a safe Courthouse to enable Arapahoe County Citizens and employees to conduct business.

How will success be measured? It will be determined by the improved security equipment in place.

What constituency is expected to benefit? Court personnel, probation personnel and general public

New service Existing service Expanded service _____
Alternatives to using grant to accomplish this benefit Use the 2019 approved budget _____

Cost/Budget

Matching funds

Matching funds required – Cash _____ In-kind _____ Funding source _____
FTE's
New FTE's? _____ No

Duration _____

If not grant funded, describe funding plan Budget

Packages _____

Are benefits covered? _____ How much? _____ If not, plan to cover _____

Describe any potential workman's comp risk _____

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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 _____

Are additional space or equipment costs covered in grant? _____

Fixed/capital asset

Describe asset 1-Xray machine, 2-Magnetometers, Front door intercom/camera, 6 fish eye cameras

Estimated dollar amount & how derived: Attached quotation

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

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: Once

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

How plan to meet that deadline _____

How plan to fund nonreimbursable expenditures _____

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 _____

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

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Describe plans _____

Describe plans for tracking and reporting: Handled by Court Administration SO Finance

Requesting Finance to assist in setting up grant tracking system in SAP: No

Describe the training and experience of the staff responsible for the tracking and reporting of this grant: This is a yearly grant that has been handled by Shauna Deeble in the past.

Does the grant require FFM assistance for additional space for FTE or equipment? No

Describe plans: N/A

Will the grant require any change in County or department/office policy? No

Describe any other potential impact on other departments/offices? No

Other Considerations

Is there an automatic renewal in subsequent years? _____

Is it a regional grant benefiting more than just Arapahoe County? Yes, this benefits all counties across Colorado

If so, describe _____

Is the County acting as fiscal agent? No

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: Lt. Geoff Maisch

Required reporting: Shauna Deeble

Reimbursement requests: Shauna Deeble

Plan for approval

Drop-in _____

Study Session _____

Dept/Office signature only _____

Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant _____

Attorney's Office _____

Attorney's Office – Risk Mgmt _____

Facilities & Fleet Management _____

Finance – Grants _____

Finance – Budget _____

Finance – Purchasing _____

HR _____

IT _____

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Attachments

List attachments

Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe _____

Signature

Grant submitted by

Name: Geoff Maisch _____

Title: Lt _____

Elected Official/Department Director/Designee _____

Date 031524 _____

Reviewed by

County Attorney's Office

Name _____

Title _____

Date _____

Comments _____

Finance Department

Accounting – Grants

Name _____

Title _____

Date _____

Comments _____

Budget

Name _____

Title _____

Date _____

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____