

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name BJA FY25 De-escalation and Crisis Response Training
Grantor United States Department of Justice
Amount applied for \$ (324,190)
Application/submission deadline May 27, 2026
Does application/proposal require/imply acceptance? No
Office/Department/Division applying Arapahoe County Sheriff's Office
Grant period (time to expend funds) 10/01/26 – 9/30/29
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 _____
Are federal funds passed through _____
If so, CFDA #(s) _____
Apply via COGMS online? _____
Other grantor _____

Benefits

What is grant expected to accomplish? The grant will support the expansion and Enhancement of the Arapahoe County Sheriff's Office Crisis Intervention Training (CIT) program to improve the quality and effectiveness of responses to individuals experiencing a crisis. Funding will be used to implement an immersive virtual reality (VR) training system alongside evidence-based crisis intervention training, providing deputies, co-responders and other staff with realistic, scenario-based learning opportunities. The expanded CIT program will offer enhanced skills, confidence and improve decision making in high-stress situations.

How does it align with County and department goals and objectives? The grant aligns with the County's and departments goals through increased training to the current co-responder program and deputies. The current co-responder program ensures individuals in crisis receive timely, appropriate mental health care, reduces unnecessary involvement in the criminal justice system and decreases the use of jail beds and unnecessary use of hospital emergency departments. Individuals, families and community members will continue to receive treatment and support, leading to safer and healthier outcomes.

How will success be measured Through deputy time saved, diversion from jails, decreased use of force. Number of deputies and staff CIT trained.

What constituency is expected to benefit? Citizens
New service _____ Existing service _____ Expanded service X
Alternatives to using grant to accomplish this benefit _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Cost/Budget

Matching funds

Matching funds required – Cash 0 In-kind 0 Funding source _____

FTE's

New FTE's? 0 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 _____

Are additional space or equipment costs covered in grant? _____

Fixed/capital asset

Describe asset VR Training System _____

Estimated dollar amount & how derived \$145,000 _____

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 Quarterly _____

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 YES _____

Drug-free workplace NO _____

Davis-Bacon NO _____

Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases NO _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

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 **Financial tracking and reporting will be done by Sheriff's Office staff following same procedures that are in place from previous years**

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

Describe the training and experience of the staff responsible for the tracking and reporting of this grant **Sheriff's Office staff in Sheriff's Finance Office and the Detention Bureau have been and will continue to track and report all current grant procedures**

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

Describe plans NO

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

If so, describe _____

Describe any other potential impact on other departments/offices None

Other Considerations

Is there an automatic renewal in subsequent years? _____

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

If so, describe Joint with the _____

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? No

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 Captain Kevin Heaton

Required reporting Captain Kevin Heaton

Reimbursement requests Shauna Deeble

Plan for approval

Drop-in _____

Study Session _____

Dept/Office signature only _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

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 _____

Signature

Grant submitted by

Name _____
Title _____
Elected Official/Department Director/Designee _____
Date _____

Reviewed by

County Attorney's Office
Name _____
Title _____
Date _____
Comments _____

Finance Department

Accounting – Grants
Name _____ Gustavo Guzman
Title _____ Grant accountant
Date _____
Comments _____

Budget

Name _____
Title _____
Date _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____