

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 **\$120,464.65**

Application/submission deadline: **April 16, 2026**

Does application/proposal require/imply acceptance? **No**

Office/Department/Division applying: **Sheriff Detention Bureau/Court Services**

Section

Grant period (time to expend funds) : **July 1, 2026** through **June 30, 2027**

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: **Office of the State Court Administrator**

Are federal funds passed through **No** _____

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 2027 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

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Describe any potential workman's comp risk: **Court house security performed by deputy sheriffs is inherently a high risk profession. Use of ballistic shields suggests that the situation has progressed to the highest risk factor possible given the need to deploy this equipment.**

If occurred, plans to fund: **Standard line of duty injury procedures.**

Anticipated unemployment costs when termed: **None**

Plans to fund unemployment or workman's comp after grant is closed **Standard procedure.**

Describe space and equipment available for new FTE: **None**

Are additional space or equipment costs covered in grant? **N/A**

Fixed/capital asset

Describe asset: **8 Security Cameras, 3 Ballistic Shields**

Estimated dollar amount & how derived: **Attached quotation**

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

Specific purchasing requirements **Security equipment or related structural improvements, provision of court security training for local security teams, miscellaneous funding needs associated with court security issues or security equipment, and emergency needs associated with court security issues or court equipment. Grant funds may not supplant any county funding for state court security needs. Furthermore, grant funds shall not be used for: architectural services, non-security related construction, firearms, ammunition, weapons, pepper spray, stun devices, or other items of similar nature, POST certification training, computers and computer servers unless they are an integral part of a security system (e.g. surveillance system or access control system), law enforcement equipment that could not clearly be identified as having a court security purpose, vehicles, ADA compliance issues that do not concern security, emergency lighting already required by a Fire Marshall.**

Requirements for use of asset: **New cameras will be installed, 1 camera will be moved, and one radio will need programming.**

Requirements for disposition of asset: **Asset will remain in place until it fails.**

Plan to replace when expired? **Yes** When? **Undetermined** How? **Grant proposal or budget package.** How much? **Dependent upon market price.**

Plan for funding IG rents: **N/A**

IT hardware/software: **Surveillance camera software already in place and compatible with new cameras.**

Anticipated implementation costs and how funded: **Included in price estimates.**

Anticipated implementation timeline: **June 30, 2027** Corroborated with IT? **No**

Priority ranking _____

Staff dedicated to implementation: **Contractors by vendors of products.**

Anticipated asset maintenance costs: **Unknown** Plan to fund them: **The Sheriff's Office and County Maintenance already have existing service agreements with vendors.**

Advance or reimbursement grant Reimbursement: **Grant reimbursement.**

If reimbursement, how often will requests be filed: **Quarterly October 15, January 15, April 15, July 10th.**

Is there a time frame to be met after which it becomes nonreimbursable? **Yes, June 30, 2027.**

How plan to meet that deadline: **Vendors have supplied accurate price quotes and will be contacted as soon as the grant is awarded.**

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How plan to fund nonreimbursable expenditures: **If costs exceed the awarded grant amount then either the item will not be purchased or a lower priority item will be deleted from the grant submission to cover the funding of the priority item.**

Allowable costs

Anticipated administration costs **None.**

What are allowable costs for reimbursement: **All item submitted are allowable per the grant rules.**

If subject to single audit, will grant pay fees? **NO**

If audit and admin costs are not covered, plans for funding them: **Sheriff's Budget Section will have to cover.**

Compliance Requirements

Does the grant require:

EEOP **No**

Drug-free workplace **No**

Davis-Bacon **No**

Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases **No**

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: **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 Shelley Hubbard 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? **None**

Other Considerations

Is there an automatic renewal in subsequent years? **No**

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**

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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 **NO**

Name and title of person authorized/responsible for

Grant application: **Lt. Adam Workman**

Required reporting: **Shauna Deeble/Shelley Hubbard**

Reimbursement requests: **Shauna Deeble/Shelley Hubbard**

Plan for approval

Drop-in _____ **X** _____

Study Session _____

Dept/Office signature only _____

Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant **Sheriff's Office-Court Services Section**

Attorney's Office _____

Attorney's Office **Risk Management**

Facilities & Fleet Management _____

Finance – **Grants**

Finance – **Budget**

Finance – **Purchasing**

HR _____

IT _____

Attachments

List attachments

Grant application form **X**

Grant application instructions **X**

Specific compliance requirements **X**

Other, describe **Itemized list of required items**

Signature

Grant submitted by

Name: **Adam Workman**

Title: **Deputy Sheriff, Lieutenant**

Elected Official/: **Sheriff Tyler Brown**

Date _____

Reviewed by

County Attorney's Office

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_____ (Dept Code-Year-Number)

Name Tiffanie Bleau

Title Sr Asst County Atty

Date 3/31/26

Comments _____

Finance Department

Accounting – Grants

Name _____

Title _____

Date _____

Comments _____

Budget

Name _____

Title _____

Date _____

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____