

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name 2022 Edward Byrne Justice Assistance Grant
Grantor United States Department of Justice
Amount applied for \$269,515 – ACSO Portion \$21,960
Application/submission deadline August 9, 2022
Does application/proposal require/imply acceptance? Yes, with Aurora
Office/Department/Division applying Arapahoe County Sheriff's Office
Grant period (time to expend funds) _____
New grant _____ Renew existing X Expand existing _____
Previous grant name and dates, if applicable _____
Federal grant X If so, federal agency Dept of Justice (DOJ) (OPJ) (BJA)
If so, CFDA #(s) 16.738
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 allow for the purchase of 150 complete Narcan kits and \$13,710 worth of Public Event / Gathering High Visibility Patrol

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 X

Alternatives to using grant to accomplish this benefit Not accepting the grant funding and not providing the expanded service to the community

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 _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

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 _____

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 **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**

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 _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

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 JAG grants**

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 **Sheriff's Office staff in Sheriff's Finance Office and the Public Safety Bureau have been and will continue to track and report all current JAG 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 **Yes**

If so, describe Joint with the **City of Aurora**

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 **Bureau Chief Glenn Thompson**

Required reporting **Bureau Chief Glenn Thompson/Shaina Deeble**

Reimbursement requests **Shaina Deeble**

Plan for approval

Drop-in _____

Study Session _____

Dept/Office signature only _____

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 _____

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Attachments

List attachments

Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe _____

Signature

Grant submitted by

Name **Glenn Thompson** _____

Title **Public Safety Bureau Chief** _____

Elected Official/Department Director/Designee _____

Date _____

Reviewed by

County Attorney's Office

Name _____

Title _____

Date _____

Comments _____

Finance Department

Accounting – Grants

Name **Shauna Deeble** _____

Title **Sr. Financial Analyst** _____

Date **7/31/22** _____

Comments _____

Budget

Name _____

Title _____

Date _____

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____