

Discretionary Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name 2020 Patrick Leahy Bulletproof Vest Partnership (BVP) Grant
Grantor United States Department of Justice
Amount applied for \$21,554.58
Application/submission deadline June 8, 2020
Does application/proposal require/imply acceptance? _____
Office/Department/Division applying Arapahoe County Sheriff's Office
Grant period (time to expend funds) _____
New grant X Renew existing _____ 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) _____
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 ballistic vest carriers for deputies

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? Deputies

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 deputies

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 _____

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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 _____

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

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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 and the Support Services Bureau will
track and report all information for the BVP grant.

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 Frank Gomez

Required reporting Frank Gomez

Reimbursement requests Frank Gomez

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 _____

Attachments

List attachments

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Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe _____

Signature

Grant submitted by

Name Frank Gomez _____

Title Finance Supervisor _____

Elected Official/Department Director/Designee _____

Date 6/8/2020 _____

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 _____