



LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
PUBLIC SAFETY BRANCH
3650 SCHRIFVER AVENUE
MATHER, CALIFORNIA 95655
TELEPHONE: (916) 324-6724
FAX: (916) 324-9179



December 1, 2008

Martin Hale
Lieutenant
El Dorado County
1352 Johnson Boulevard
South Lake Tahoe, CA 96150

Dear Lieutenant Hale:

SUBJECT: NOTIFICATION OF APPLICATION APPROVAL
Anti-Drug Abuse Program (200800403)
Award #: DC08 19 0090
OES ID#: 017-00000

Congratulations! The Governor's Office of Emergency Services (OES) has approved your application in the amount of \$143,058, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

OES will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the OES Recipient Handbook. You are encouraged to read and familiarize yourself with the OES Recipient Handbook, which can be viewed on OES's website at www.OES.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from OES.

Should you have questions on your subgrant, please contact your Program Specialist.

LEVS Grant Processing

Enclosure

c: Recipient's file

OES ID# 017-00000-00

Award # DC08 19 0090

GOVERNOR'S OFFICE OF EMERGENCY SERVICES LAW ENFORCEMENT AND VICTIM SERVICES DIVISION GRANT AWARD FACE SHEET (OES A301)

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following:
1. **Grant Recipient:** County of El Dorado
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. **Implementing Agency:** El Dorado County Sheriff's Office

3. **Project Title:** El Dorado Cnty AntiDrug Abuse Task Force

4. **Grant Period:** 07/01/08 to 06/30/09

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

JAGX

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
Select	4. <u>06 JAGX</u> Select <u>X</u>		\$143,058				\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$0	\$143,058	\$143,058	\$0	\$0	\$0	10 Grand Total: \$143,058

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the OES Program Guidelines, the OES Recipient Handbook, the OES audit requirements, and the terms of the program as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. **Official Authorized to Sign for Applicant/Grant Recipient:**

Federal Employer ID Number: 94-6000511

Name: Jeff Neves

Title: Sheriff

Payment Mailing Address: 300 Fair Lane

City: Placerville

Zip: 95667

Telephone: (530) 621-5655
(area code)

FAX: (530) 626-8091
(area code)

Email: nevesj@edso.org

Signature

Date: 7/1/08

[FOR OES USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

OES Fiscal Officer: [Signature]

Date

OES Director (or designee): [Signature]

Date



Yr / Chapter: 2008 - 09 / 268 PCA No: 03006
Item: 0690-102-0890 Fed Cat #: 16 738
Component: 50,30,560
Program: Anti-Drug Abuse Enforcement Program
Fund: Federal Trust
Match Req.: n/a
Project No.: 06JAGX Amount: \$143,058

County of WT
Applicant El Dorado County Sheriff's Office

PROJECT CONTACT INFORMATION

Grant Number

DC 0819 0090 WT
[FOR OPS USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. If a section does not apply to your project, enter "N/A." NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.

1. The Project Director for the project:

Name: Martin Hale Address: 1352 Johnson Blvd
Title: Lieutenant City: S Lake Tahoe Zip: 96150
Telephone #: (530) 542-6130 Fax #: (530) 542-6146
(Area Code) (Area code)
E-Mail Address: mhale@cityofslt.us

2. The Financial Officer for the project:

Name: Mary Pierce Address: 1319 Broadway
Title: Financial Administration Manager City: Placerville Zip: 95667
Telephone #: (530) 621-5691 Fax #: (530) 642-9473
(Area Code) (Area code)
E-Mail Address: piercem@edso.org

3. The person having routine programmatic responsibility for the project:

Name: Martin Hale Address: 1352 Johnson Blvd
Title: Lieutenant City: South Lake Tahoe Zip: 96150
Telephone #: (530) 542-6130 Fax #: (530) 542-6146
(Area Code) (Area code)
E-Mail Address: mhale@cityofslt.us 530-573-3026 - Lea Lovell

4. The person having routine fiscal responsibility for the project:

Name: Nancy Kennedy / Mary Pierce Address: 1319 Broadway
Title: Sheriff's Fiscal Technician City: Placerville Zip: 95667
Telephone #: (530) 621-5658 Fax #: (530) 642-9473
(Area Code) (Area code)
E-Mail Address: kennedyn@edso.org

5. The Executive Director of a nonprofit organization or the Chief Executive Officer (e.g., chief of police, superintendent of schools) of the implementing agency.

Name: Jeff Neves Address: 300 Fair Lane
Title: Sheriff City: Placerville Zip: 95667
Telephone #: (530) 621-5655 Fax #: (530) 626-8091
(Area Code) (Area code)
E-Mail Address: nevesj@edso.org

6. The Chair of the governing body of the implementing agency: (Provide contact information other than that of the implementing agency)

Name: Helen Baumann Address: 330 Fair Lane
Title: Dist. 2 Supervisor, Chair of Board City: Placerville Zip: 95667
Telephone #: (530) 621-5390 Fax #: (530) 622-3645
(Area Code) (Area code)
E-Mail Address: _____

Reset Form

Print Form

SIGNATURE AUTHORIZATION

Grant Award # DC 08 19 0090

Grant Recipient: County of El Dorado

Implementing Agency: El Dorado County Sheriff

*The Project Director and Financial Officer are **REQUIRED** to sign this form.

*Project Director: Martin Hale

Signature: Martin Hale

Date: May 15, 2008

*Financial Officer: Mary Pierce

Signature: Mary M. Pierce

Date: May 20, 2008

The following persons are authorized to sign for the
Project Director

Signature: [Signature]
Name: Jeff Neves

Signature: [Signature]
Name: Fred Kollar

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

The following persons are authorized to sign for the
Financial Officer

Signature: [Signature]
Name: Sherry Jo Bahlman

Signature: [Signature]
Name: Nancy Kennedy

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE
ANTI-DRUG ABUSE
METHAMPHETAMINE LABORATORY OPERATIONS

I, Jeff Neves hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: County of El Dorado

IMPLEMENTING AGENCY: El Dorado County Sheriff's Office

PROJECT TITLE: El Dorado County Anti-Drug Abuse Task Force

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. ***Equal Employment Opportunity – (Recipient Handbook Section 2151)***

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Ted Cwiek
Title: Director of human Resources
Address: 330 Fair Lane, Placerville, CA 95667
Phone: (530) 621-5572
Email: Ted.cwiek@co.el-dorado.ca.us

II. ***Drug-Free Workplace Act of 1990 – (2006 Recipient Handbook, Section 2152)***

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

III. ***California Environmental Quality Act (CEQA) – (2006 Recipient Handbook, Section 2153)***

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

IV. Lobbying – (Recipient Handbook Section 2154)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (Recipient Handbook Section 2155)

(This applies to federally funded grants only)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

**SPECIAL CONDITIONS OF ANTI-DRUG ABUSE PROJECTS
METHAMPHETAMINE LABORATORY OPERATIONS**

This special condition facilitates compliance with the provisions of the National Environmental Policy Act (NEPA) relating to clandestine methamphetamine laboratories, including the seizure and/or removal of clandestine methamphetamine laboratories [hereinafter, "meth lab operations"].

The United States Environmental Protection Agency (USEPA) has determined that, "law enforcement responsibilities terminate when the law enforcement official notifies the property owner of record, the state, and the local environmental or public health agencies in writing of a possible site contamination at a clandestine lab."

Law enforcement personnel may seize as evidence and remove any bottles, cans, jugs and other containers, as well as contaminated apparatus and chemical samples from a clandestine drug site, however, law enforcement agencies are not responsible for the cleanup/remediation of any rooms, buildings or surrounding environments, including septic systems, rivers, streams or contaminated soils.

(Check one of the following four boxes)

Will **not** accept the JAG funds for the period of July 1, 2008 - June 30, 2009

OR

Will accept the JAG funds for the period of July 1, 2008 - June 30, 2009 but will not use them in the **seizure or removal** of clandestine methamphetamine laboratories

OR

Will accept the JAG funds for the period of July 1, 2008 - June 30, 2009 and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the **seizure** of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:

1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure of clandestine methamphetamine laboratories;
2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure of clandestine methamphetamine laboratories;
3. Recipient will equip personnel, as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
4. Recipient will notify the Department of Toxic Substances Control (DTSC), and send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized; and
5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary:
 - (i) Respond to the minor's health needs that relate to methamphetamine toxicity;
 - (ii) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
 - (iii) Arrange for medical testing for methamphetamine toxicity; and
 - (iv) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.

OR

Will accept the JAG funds for the period of July 1, 2008 - June 30, 2009 and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the **seizure and/or removal** of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:

1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure and/or removal of clandestine methamphetamine laboratories;

2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure and/or removal of clandestine methamphetamine laboratories;
3. Recipient will equip personnel as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
4. Recipient will send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized;
5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary
 - (v) Respond to the minor's health needs that relate to methamphetamine toxicity;
 - (vi) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
 - (vii) Arrange for medical testing for methamphetamine toxicity, and
 - (viii) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.
6. Recipient will assign properly trained personnel to prepare a Hazard Assessment and Recognition Plan (HARP) for the clandestine methamphetamine laboratory site;
7. Recipient or DTSC will utilize qualified disposal personnel to remove the chemicals, associated glassware, equipment, and contaminated materials and wastes from the clandestine methamphetamine laboratory site;
8. Recipient or DTSC will dispose of the chemicals, associated glassware, equipment, and contaminated materials and wastes at properly licensed disposal facilities or, when allowable, at properly licensed recycling facilities; and
9. Recipient or DTSC will monitor the records involving the transport, disposal and recycling components of subparagraphs numbered 7 and 8 immediately above in order to ensure proper compliance.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: Jeff Neves

Authorized Official's Name: Jeff Neves

Authorized Official's Title: Sheriff

Date Executed: 8/26/08

Federal Employer ID Number: 94-6000511

Executed in the City/County of: El Dorado

AUTHORIZED BY: *(not applicable to State agencies)*

- City/County Financial Officer or
- City/County Manager or
- Governing Board Chair

Signature: Gayle Erbe-Hamlin

Name: Gayle Erbe-Hamlin

Title: Chief Administrative Officer

Reset Form

Print Form

PROJECT SUMMARY

1. GRANT AWARD NO. <u>DC 08190090</u>		3. GRANT PERIOD			
2. PROJECT TITLE <u>El Dorado County Anti-Drug Abuse Task Force</u>		<u>7/1/2008</u> to <u>6/30/2009</u>			
4. APPLICANT		5. GRANT AMOUNT (this is the same amount as 10G of the Grant Award Face Sheet)			
Name:	<u>Sheriff Jeff Neves</u>	Phone:	<u>(530) 626-5655</u>		
Address:	<u>300 Fair Lane</u>	Fax #:	<u>(530) 626-8091</u>		
City:	<u>Placerville</u>	Zip:	<u>95567</u>		
6. IMPLEMENTING AGENCY					
Name:	<u>El Dorado County Sheriff's Office</u>	Phone:	<u>(530) 621-5655</u>	Fax #:	<u>(530) 626-8091</u>
Address:	<u>300 Fair Lane</u>	City:	<u>Placerville</u>	Zip:	<u>95667</u>
7. PROGRAM DESCRIPTION					
Multi-Jurisdictional Task Force focused on combating methamphetamine and cocaine trafficking in the South Lake Tahoe area of El Dorado County.					
8. PROBLEM STATEMENT					
Transportation, trafficking, and abuse of controlled substances, especially methamphetamine and cocaine in the target area.					
9. OBJECTIVES					
Identify, investigate, apprehend and successfully prosecute and seize engaged in the distribution, transport, and trafficking of controlled substances, especially methamphetamine and cocaine in the target area effecting the target area.					

10. ACTIVITIES

1. Controlled purchase using information supplied by informants, paid and otherwise, and by use of undercover operations and peace officers.
2. Execution of search warrants and probation searches directed at suspects engaged in trafficking or transporting controlled substances especially methamphetamine and cocaine.
3. Use vertical persecution.

11. EVALUATION (if applicable)

See attached Project Narrative. Evaluation will be based upon specified performance measures.

12. NUMBER OF CLIENTS

(if applicable)

N/A

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
	\$64,994	\$78,064		\$143,058
				\$0
				\$0
				\$0
				\$0
				\$0
Totals:	\$64,994	\$78,064	\$0	\$143,058

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services – Salaries/Employee Benefits	COST
Deputy Sheriff II (est. .49 FTE) – <i>Salary \$74,091.</i> Salary: \$36,305 Benefits: \$22,140 PERS: \$11,202; Health \$4,649; Workmans Compensation \$1,771; SLT Differential \$1,107; Medicare \$443; Liability \$664, Other \$2,214	\$36,305 \$22,140
Grant Administrator (est. .5 FTE) Salary: \$4,322 Benefits: \$2,227 PERS: \$803; Health \$1,424	\$4,322 \$2,227
TOTAL	\$64,994

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
South Lake Tahoe Police Detective (est. .64 FTE) ~ <i>salary \$68,064</i>	\$43,561
Salary: \$43,561	
Benefits: \$33,527	\$33,527
Workmans Compensation 5.91%, Vision, Health & Life 13.05%, Survivors Benefits 02%, PERS 5.16%, City PERS 17.38%, Medicare .83%, SUI .28%	
Administrative Services (est. .1 PTE)	
Salary: \$976	\$976
Benefits: None	
TOTAL	\$78,064

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
TOTAL	\$0.00
Total Project Cost*	\$143,058

**Same as Block 10G on the Grant Award Face Sheet*

LEVS Budget Summary Report

DC08 Anti-Drug Abuse Program
 El Dorado County
 El Dorado County AntiDrug Abuse Task Force
 Award #: DC08 19 0090
 Award Period: 07/01/08 - 06/30/09
 Latest Request: , Not Final 201

A. Personal Services - Salaries/Employee Benefits

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	06JAGX	64,994	0	64,994	0	64,994
Total A. Personal Services - Salaries/Employee Benefits:		64,994	0	64,994	0	64,994

B. Operating Expenses

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	06JAGX	78,064	0	78,064	0	78,064
Total B. Operating Expenses:		78,064	0	78,064	0	78,064

C. Equipment

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	06JAGX	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
Total Local Match:	0	0	0	0	0
Total Funded:	143,058	0	143,058	0	143,058
Total Project Cost:	143,058	0	143,058	0	143,058