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

#130453

Match Match Project 6  5. JAG () (-0- \$130,974					<u> </u>		Award	DCVDI
Implementing Agency: Project Title:    Force	he Governor's C  Grant Recipie hereafter design	office of Emergent: ELDora	gency Services, he ado County Sheriff nt, in the amount a	ereafter designated	OES, hereby m	akes a grant awar	d of funds to th	e following:
Project Titile:    El Dorede Gounty Anti-Drug Abuse Fask   4. Grant Period: 7-1-06   to 6-30-07					and daration se	croft in this grant	award.	
A JAG (			El Dorado County			rant Period: 7-	-1-06 to	6-30-07
This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, an proval of the City/County Financial Officer, City Manager, or Governing Board Chair, to enter into this grant award agreer and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient significant award and agrees to administer the grant project in accordance with the statute(s), the Protection agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA. The grant recipient significant of funds is contingent on the enactment of the State Budget.  2. Official Authorized to Sign for Applicant/Grant Recipient:  ameJeff Neves		A. State	B. Federal	C. Total				G. Total
This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, an surance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have a full funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signerate award agrees to administer the grant project in accordance with the statute(s), the Proteiner agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA. The grant recipient handbook, and the OES audit requirements, as stated in the applicable RFP or RFA, and agrees to action of funds is contingent on the enactment of the State Budget.  2. Official Authorized to Sign for Applicant/Grant Recipient:  300 Fair Lane  City: Placerville  Zip: 95667  Title: Sheriff  Title: Sheriff  Title: Sheriff  City: Placerville  Zip: 95667  Teet Address (if different):  City:	JAG 06	-0-	\$130,974		N/A			
This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, an surance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have proval of the City/County Financial Officer, City Manager, or Governing Board Chair, to enter into this grant award agreement will be spent exclusively on the purposes specified. The grant recipient sign delines, the Recipient Handbook, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient sign delines, the Recipient Handbook, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that cation of funds is contingent on the enactment of the State Budget.  Difficial Authorized to Sign for Applicant/Grant Recipient:  Title: Sheriff  ficial's Mailing Address: 300 Fair Lane City: Placerville Zip: 95667  get Address (if different): City: Zip: Zip: Lephone: (530)621-5655 FAX: (530)626-8091 Email: jneves@edso.org		6						4100,374
TOTALS -0- \$130,974 \$130,974 \$130,974 \$130,974  This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, an survance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant award agrees to administer the grant project in accordance with the statute(s), the Project in accordance with the statute(s) and the p				\$			-	
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Title: Sheriff  City: Placerville Zip: 95667  reet Address (if different): City: City: Zip: 2ip: 2ip: 2ip: 2ip: 2ip: 2ip: 2ip: 2	This grant aw surance of Con proval of the Cit all funds receive this delines, the Re	ard consists npliance form ty/County Fin ved pursuant s grant awar	of this title page, as which are being ancial Officer, Cit to this agreemen and agrees to	the application for a submitted. I he ty Manager, or Government of the will be spent excluded administer the g	verning Board usively on the prant project in	nat. I am veste Chair, to enter in purposes specifie I accordance wit	d with authori to this grant a ed. The grant r th the statute(	ty, and have t ward agreeme ecipient signifi s), the Progra
ficial's Mailing Address: 300 Fair Lane City: Placerville Zip: 95667  reet Address (if different): City: Zip: Zip:  lephone: (530)621-5655 FAX: (530)626-8091 Email: jneves@edso.org	This grant awasurance of Constroval of the Cital all funds receiventance of this delines, the Reher agrees to a cation of funds	ard consists npliance form ty/County Fin ved pursuant s grant awar cipient Handl all legal cond is contingent	of this title page, as which are being ancial Officer, Cito to this agreement and agrees to book, and the OES ditions and terms to the enactment.	the application for any submitted. I he ty Manager, or Government of the spent exclusion administer the gradit requirements incorporated by at of the State Budg	verning Board usively on the grant project in its, as stated in	nat. I am veste Chair, to enter in purposes specifie I accordance wit	d with authori to this grant a ed. The grant r th the statute(	t hereof, and t ty, and have t ward agreeme ecipient signifi s), the Progra
reet Address (if different):  City: Placerville Zip: 95667  City: Zip:	This grant awasurance of Constroval of the Cital all funds receiventance of this delines, the Reher agrees to a cation of funds	ard consists npliance form ty/County Fin ved pursuant s grant awar cipient Handl all legal cond is contingent	of this title page, as which are being ancial Officer, Cito to this agreement and agrees to book, and the OES ditions and terms to the enactment.	the application for any submitted. I he ty Manager, or Government of the spent exclusion administer the gradit requirements incorporated by at of the State Budg	verning Board usively on the grant project in its, as stated in	nat. I am veste Chair, to enter in purposes specifie I accordance wit	d with authori to this grant a ed. The grant r th the statute(	t hereof, and t ty, and have t ward agreeme ecipient signifi s), the Progra
reet Address (if different):  City:  Zip:  ephone: (530)621-5655  FAX: (530)626-8091  (area code)  Email: jneves@edso.org	This grant away surance of Congroval of the Cital funds receive ptance of this delines, the Reher agrees to a cation of funds.  Official Auth	ard consists npliance form ty/County Fin ved pursuant s grant awar cipient Handk all legal cond is contingent orized to Sig	of this title page, as which are being ancial Officer, Cito to this agreement and agrees to book, and the OES ditions and terms to the enactment.	the application for any submitted. I he ty Manager, or Government of the spent exclusion administer the gradit requirements incorporated by at of the State Budg	verning Board usively on the usively on the irant project in ts, as stated in reference in the	Tan Vester Chair, to enter in purposes specifie accordance wit the applicable RFF ne applicable RFF	d with authori to this grant a ed. The grant r th the statute(	t hereof, and t ty, and have t ward agreeme ecipient signifi s), the Progra
Email: jneves@edso.org   FAX: (530)626-8091   Email: jneves@edso.org	This grant away surance of Construction of the Cital funds received the Cital funds received the Cital funds, the Reher agrees to a cation of funds.  Official Authorized Leff North March 1985 N	ard consists inpliance form ty/County Fin ved pursuant s grant awar cipient Handle all legal cond is contingent orized to Sig	of this title page, as which are being ancial Officer, Cito this agreement and agrees to book, and the OES ditions and terms to the enactment on the enactment of the Applicant/C	the application for any submitted. I he ty Manager, or Government of the spent exclusion administer the gradit requirements incorporated by at of the State Budg	verning Board usively on the project in the state of the	Chair, to enter in purposes specifie accordance with the applicable RFF applicable RFF	d with authority to this grant and the grant restricted the statute of the grant of	t hereof, and t ty, and have t ward agreeme ecipient signifi (s), the Progra e grant recipie agrees that th
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	This grant away surance of Constraint of the Circle all funds receive ptance of this delines, the Reher agrees to a cation of funds.  Official Authorise Jeff Noticial's Mailing Agreet Address (if the phone: (530) (area	ard consists npliance form ty/County Fin ved pursuant s grant awar cipient Handk all legal cond is contingent  orized to Sig eves address: different):	of this title page, as which are being ancial Officer, Crito this agreement of and agrees to book, and the OES ditions and terms on the enactment on the Applicant/O	the application for ng submitted. I he ty Manager, or Govern the will be spent exclusion administer the gradity and the State Budget of the State	werning Board usively on the project in its, as stated in reference in the get.  Title:  City:  City:  Email:	Sheriff Placerville  proves@edso.o	with authorito this grant and. The grant rith the statute FP or RFA. The or RFA, and Zip:	t hereof, and t ty, and have t ward agreeme ecipient signifi (s), the Progra e grant recipie agrees that th

OES Director (or designee

S Program Manager

### Governor's Office of Emergency Services Law Enforcement and Victim Services Division

Award Number:	7(06170090
Grant Recipient:	Country of El Dorado
OES ID:	017-00000

Funding Information:

SFY: 2006/07 Chapter: 47 PCA No: 03546 Item: 0690.102.0890 Fed Cat. #: 16.738 Component: 50.30.560 Region: n/a

Region: n/a Program: Anti-Drug Abuse Enforcement

Fund: Federal Trust Match Req.: None Project No.: 06JAG0

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

1/9/06 Date

## PROJECT CONTACT INFORMATION

, ,	ppiloant <u>Li Dola</u>	ido County Sherin's Office	_ Grant Nu	mber	DC 06		0090
						OES USE	•
P	rovide the name, t	itle, address, telephone number, and	e-mail addr	ess for	the project	conta	cts named
	NOW. II a SECTION	dues not apply to your project and	or "N/A "	NOTE.	16	- 00	
at	diess, a street a	ddress is also required for package	e delivery a	and site	visit purp	oses.	
1.	The <b>Project Dire</b>	ector for the project:					
		T - B					
		Terry Daniels	Address	: 135	2 Johnson E	3lvd.	
	Title:		City	: So. I	ake Tahoe	_ Zip:	96150
	i elepnone #:	(530)542-6120 (Area Code)	Fax #		)542-6146 code)		
	E-Mail Address:	tdaniels@cityofslt.us		(Area	code)		
2.	The Financial O	fficer for the project:					
		Laura Gill	_ Address:	_330 F	air Lane		
		Chief Administrative Officer	_ City:	Place	erville	Zip:	95667
	Telephone #:	(530)621-5530 (Area Code)	_ Fax #:		• . •		
	E-Mail Address	Laura.gill@co.el-dorado.ca.us		(Area C	Code)		
3.	The <u>person</u> havi	ng <u>routine programmatic responsib</u>	ility for the	project	•		
	Name:	Terry Daniels	Address:	1352	Johnson B	lvd.	
	Title:	Lieutenant			ake Tahoe		96150
	Telephone #:	(530)542-6120			542-6146		
	E-Mail Address:	(Area Code)	<b></b>	(Area C			
		tdaniels@cityofslt.us					
4.	The <b>person</b> havir	ng <b>routine fiscal responsibility</b> for th	e project:				
	Name:	Terry Daniels	Address:	1352	Johnson Bl	vd	
	Title:	Lieutenant	_ _ City:		ake Tahoe		96150
	Telephone#:	(530)542-6120	Fax #:		542-6146		
	E-Mail Address:	(Area Code) tdaniels@cityofslt.us	•	(Area C			
	4	Gordon					
5.	The Executive Di	irector of a nonprofit organization or t	he <u>Chief Ex</u>	cecutive	e Officer (e	.a ch	nief of
	police, superinten	dent of schools) of the implementing	igency:		( )	-g., c.	
	Name:	Jeff Neves	Address:	300 Fa	air I ane		•
	Title:	Sheriff	City:	Placer		Zin:	05667
	Telephone #:	(530)621-5655	Fax #:			Zip: _	95667
		(Area Code)	1 av 11.	(Area Co	26-8091 de)		
~	E-Mail Address: _	jneves@edso.org					

### ADDITIONAL SIGNATURE AUTHORIZATION

DC0617009 Grant Award #: Applicant: El Dorado County Sheriff's Office Project Title: El Dorado Anti-Drug Abuse Task Force **Grant Period:** July 1, 2006 June 30, 2007 The following persons are authorized to sign for the: The following persons are authorized to sign for the: **Project Director: Financial Officer:** Signature Signature Name Name Laure A. Hill 5/11/06.
Financial Officer: Mary In Persee Approved By:

Date:

Project Director:

Date: 5-8-06

## CERTIFICATION OF ASSURANCE OF COMPLIANCE

Jeff Neves

hereby certify that

(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT:

El Dorado County Sheriff's Office

IMPLEMENTING AGENCY: El Dorado County Sheriff's Office

PROJECT TITLE:

El Dorado County Anti-Drug Abuse Task Force

is responsible for reviewing the 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:

#### Equal Employment Opportunity — (Recipient Handbook Section 2151) 1.

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

Please provide the following information:

Affirmative Action Officer: Steven Janice

Title:

Director of Human Resources

Address:

330 Fair Lane, Placerville, Ca. 95667

Phone:

(530)621-5572

Email:

Steven.janice@co.el-dorado.ca.us

# Drug-Free Workplace Act of 1990 - (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.

# California Environmental Quality Act (CEQA) - (Recipient Handbook, Section 2153)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

### 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.

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:				
Authorized Official's Typed Name: Jeff Neves				
Authorized Official's Title: Sheriff				
Date Executed: Slulop				
Federal ID Number: 94-600511				
Executed in the City/County of: _El Dorado				
<ul> <li>AUTHORIZED BY: (Not Applicable to State Agencies)</li> <li>City/County Financial Officer or</li> <li>City Manager or</li> <li>Governing Board Chair</li> </ul> Signature:				
Typed Name: Laura Gill				
Title: Chief Administrative Officer				

The same of the sa					$\mathcal{L}$	20011110190	
PROJEC	T SUMMARY						
1. PROJECT YEAR		1. PROJECT TITLE			3. GRANT PERIOD		
New Year 2 Year 3 Other: X		El Dorado County Anti-Drug Abuse Task Force					
4. APPLICA					5. FUNDS R	EOUESTED	
Name:	Sheriff Jeff Neves	Phone:	(530)62	1-5655	\$ 130,974		
Address:	300 Fair Lane	Fax #:	(530)62	6-8091			
City:	Placerville	Zip:	95667				
6. IMPLEME	NTING AGENCY						
Name:	El Dorado County Sher	riff's Office	_ Phone:		55 Fax #:	_(530)626-8091	
Address:	300 Fair Lane	· .	City:	Placerville	Zip:	95667	
,							
DDOD! EM	STATEMENT						
	trafficking, and abuse	of controlled	d substanc	es, especiall	y methampheta	amine and cocaine,	
. OBJECTIV	ES						
dentify, investi istribution, trai	gate, apprehend, and s nsport and trafficking of of areas effecting the ta		prosecute substance:	and seize as s, especially i	sets of person methamphetan	s engaged in the nine and cocaine, in	
*.							

OES 227 (Rev. 1/06)

10. ACTIVITIES			44 047700		
Controlled purchases using inform	11. CATEGO	RY			
and otherwise, and by use of und officers.	NA				
Execution of search warrants and suspects engaged in trafficking or especially methamphetamine and especially methamphetamine.	12 PROGRAI	12. PROGRAM AREA			
3. use vertical persecution	Cocamie.				
•	1	Law Enforcement PPA (Multi-Jurisdictional Drug Task Force)			
13. EVALUATION			14. NUMBER	OF CLIENTS	
See attached Project Narrative. Evaluperformance measures.	ation will be based	upon specified		SERVED)	
performance measures.	•			/ A	
			N	/A	
15. PROJECTED BUDGET		,			
and a second of the second of	Personal Services	Operating Expenses	Equipment	TOTAL	
Funds Requested:	\$52,390	\$78,584	None	\$130,974	
Other Grant Funds:					
Other Sources:					
(list in-kind, fees, etc.)					
·					
16. NAME OF RESPONSIBLE OFFI	CIAL				
Signature: \ \ \					
		Da	te: Slilob		
Typed Name: Jeff Nelves		·			
Title: Sheriff, El Dorado Coun	ty		•		

BUDGET CATEGORY AND LINE ITEM DETAIL				
A. Personal Services – Salaries/Employee Benefits				
Deputy Sheriff II (est .30 FTE) (#   52, 863 x 367) X  Salary: \$30,255  Benefits: \$15,586	\$45,B41			
Grant Administrator (est09 FTE) (12,766 × 92) + salary: \$4,322 tenefits: \$2,227	\$6,549			
* per Mary Pierce Country of El Dorado				
ral S	52,390			

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
South Lake Tahoe Police Detective (est64 FTE) (122, 787 x (41)) * Salary: \$45,057 Benefits: \$33,527 (Worker's Compensation 5.91%, Vision, health & Life 13.05%, Survivors benefits .02%, PERS 5.16%, City PERS 17.38%, Medicare .83%, SUI .28%)	\$45,057 \$33,527
X per Many Pierce County of El Dorade	
TOTAL	\$78,584

	BUDGET CATEGORY AND LINE ITEM DETAIL	
C. Equipment		COST
None		-
•		
047000		
PROJECT TOTAL		50 v
- NOJECI IUIAL		\$130,974

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