

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

GRANT AWARD FACE SHEET (OES A301)

#130453

[FOR OES USE ONLY]	OES ID:	017-00000
	Award No:	DC06170090

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following:

1. Grant Recipient: El Dorado County Sheriff's Office 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

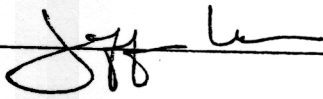
3. Project Title: El Dorado County Anti-Drug Abuse Task Force

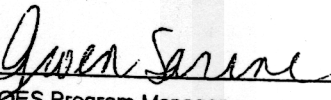
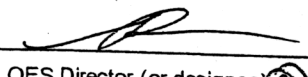
4. Grant Period: 7-1-06 to 6-30-07

Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5. JAG 06	-0-	\$130,974		N/A	N/A	N/A	\$130,974
6.							
7.							
8.							
9.							
10. TOTALS	-0-	\$130,974	\$130,974				10G. \$130,974

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 that: I am vested with authority, and have the approval of the City/County Financial Officer, City Manager, 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 Program Guidelines, the Recipient Handbook, and the OES audit requirements, 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:

Name	<u>Jeff Neves</u>	Title:	<u>Sheriff</u>
Official's Mailing Address:	<u>300 Fair Lane</u>	City:	<u>Placerville</u> Zip: <u>95667</u>
Street Address (if different):		City:	Zip:
Telephone: <u>(530)621-5655</u>	FAX: <u>(530)626-8091</u>	Email:	<u>jneves@edso.org</u>
(area code)		(area code)	
Signature		Title:	<u>Sheriff</u>

	<u>9/30/06</u>		<u>11/2/06</u>
OES Program Manager	Date	OES Director (or designee)	Date

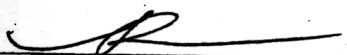
**Governor's Office of Emergency Services
Law Enforcement and Victim Services Division**

Award Number:	DC06170090
Grant Recipient:	County 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
Program: Anti-Drug Abuse Enforcement
Fund: Federal Trust
Match Req.: None \$ 130,974
Project No.: 06JAG0 Amount: \$

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



OES Director

11/9/06

Date

PROJECT CONTACT INFORMATION

Applicant El Dorado County Sheriff's Office

Grant Number

DC 06170090

[FOR OES 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: Terry Daniels

Address: 1352 Johnson Blvd.

Title: Lieutenant

City: So. Lake Tahoe Zip: 96150

Telephone #: (530)542-6120

Fax #: (530)542-6146

(Area Code)

(Area code)

E-Mail Address: tdaniels@cityofslt.us

2. The **Financial Officer** for the project:

Name: Laura Gill

Address: 330 Fair Lane

Title: Chief Administrative Officer

City: Placerville Zip: 95667

Telephone #: (530)621-5530

Fax #:

(Area Code)

(Area Code)

E-Mail Address: Laura.gill@co.el-dorado.ca.us

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

Name: Terry Daniels

Address: 1352 Johnson Blvd.

Title: Lieutenant

City: So. Lake Tahoe Zip: 96150

Telephone #: (530)542-6120

Fax #: (530)542-6146

(Area Code)

(Area Code)

E-Mail Address: tdaniels@cityofslt.us

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

Name: Terry Daniels

Address: 1352 Johnson Blvd

Title: Lieutenant

City: So. Lake Tahoe Zip: 96150

Telephone #: (530)542-6120

Fax #: (530)542-6146

(Area Code)

(Area Code)

E-Mail Address: tdaniels@cityofslt.us

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: jneves@edso.org

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #:

DC06170090

Applicant: El Dorado County Sheriff's Office

Project Title: El Dorado Anti-Drug Abuse Task Force

Grant Period: July 1, 2006 to June 30, 2007

The following persons are authorized to sign for the:
Project Director:

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

7/19/06
Official
Signature
for Mary In Pierce
of Sheriff's
Office

The following persons are authorized to sign for the:
Financial Officer:

Nancy Kennedy

Signature

Nancy Kennedy

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director:

Date:

5-8-06

Financial Officer:

Date:

Laura A. Hill 5/11/06
Mary In Pierce
5-11-06

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Jeff Neves

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

hereby certify that

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:

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:

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.

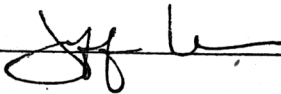
The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

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: 5/11/06


Federal ID Number: 94-600511

Executed in the City/County of: El Dorado

AUTHORIZED BY: *(Not Applicable to State Agencies)*

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

Signature: _____



Typed Name: Laura Gill

Title: Chief Administrative Officer

PROJECT SUMMARY**1. PROJECT YEAR**

New	<input type="checkbox"/>
Year 2	<input type="checkbox"/>
Year 3	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

1. PROJECT TITLE

El Dorado County Anti-Drug
Abuse Task Force

3. GRANT PERIOD

7/1/06 to 6/30/07

4. APPLICANT

Name: Sheriff Jeff Neves Phone: (530)621-5655
 Address: 300 Fair Lane Fax #: (530)626-8091
 City: Placerville Zip: 95667

5. FUNDS REQUESTED

\$ 130,974

6. IMPLEMENTING AGENCY

Name: El Dorado County Sheriff's Office Phone: (530)621-5655 Fax #: (530)626-8091
 Address: 300 Fair Lane City: Placerville Zip: 95667

7. PROGRAM DESCRIPTION

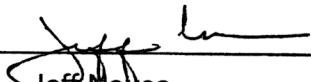
Multi-Jurisdictional Task Force focused on combating methamphetamine and cocaine trafficking in the South Lake Tahoe area of El Dorado County.

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 assets of persons engaged in the distribution, transport and trafficking of controlled substances, especially methamphetamine and cocaine, in the target area of areas effecting the target area.

10. ACTIVITIES 1. Controlled purchases using information supplied by informants, paid and otherwise, and by use of undercover operatives 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. CATEGORY <div style="text-align: center; font-size: 1.5em;">N/A</div>																																													
13. EVALUATION See attached Project Narrative. Evaluation will be based upon specified performance measures.	12. PROGRAM AREA Law Enforcement PPA (Multi-Jurisdictional Drug Task Force)																																													
14. NUMBER OF CLIENTS (TO BE SERVED) <div style="text-align: center; font-size: 1.5em;">N/A</div>	15. PROJECTED BUDGET <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 17.5%;">Personal Services</th> <th style="width: 17.5%;">Operating Expenses</th> <th style="width: 17.5%;">Equipment</th> <th style="width: 17.5%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>Funds Requested:</td> <td style="text-align: center;">\$52,390</td> <td style="text-align: center;">\$78,584</td> <td style="text-align: center;">None</td> <td style="text-align: center;">\$130,974</td> </tr> <tr> <td>Other Grant Funds:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Sources: (list in-kind, fees, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		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.)																													
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Other Sources: (list in-kind, fees, etc.)																																														
16. NAME OF RESPONSIBLE OFFICIAL <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature: <u></u> Typed Name: <u>Jeff Neves</u> Title: <u>Sheriff, El Dorado County</u> </div> <div style="width: 35%;"> Date: <u>5/11/06</u> </div> </div>																																														

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services - Salaries/Employee Benefits

COST

Deputy Sheriff II (est. .30 FTE) $(\$152,803 \times 30\%)$ *
Salary: \$30,255
Benefits: \$15,586

\$45,841

Grant Administrator (est. .09 FTE) $(\$72,766 \times 9\%)$ *
Salary: \$4,322
Benefits: \$2,227

\$6,549

* per Mary Pierce
County of El Dorado

TOTAL

\$52,390

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
<p>South Lake Tahoe Police Detective (est. .64 FTE) $(\\$122,787 \times 64\%)$ *</p> <p>Salary: \$45,057</p> <p>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%)</p> <p style="text-align: center;">* per Mary Pierce County of El Dorado</p>	<p>\$45,057</p> <p>\$33,527</p>
TOTAL	\$78,584

BUDGET CATEGORY AND LINE ITEM DETAIL	
C. Equipment	COST
None	0
CATEGORY TOTAL	\$0
PROJECT TOTAL	\$130,974