

STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, GOVERNOR



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



September 25, 2007

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 (200700403)  
Award #: DC07 18 0090  
OES ID#: 017-00000

Congratulations! The Governor's Office of Emergency Services (OES) has approved your application in the amount of \$130,454, 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](http://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 017-00000-04

Award No. OC 07 00090 April 29, 2007



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: 7-1-07 to 6-30-08

\*Select the fund source(s) from the lists below and or type the appropriate acronym in box 8 or 9 and 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) and enter total in Block 10G.

Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5.07 JAGD	-0-	\$130,454		N/A	N/A	N/A	
6. Fund Source							
7. Fund Source							
8.							
9.							
10. TOTALS	-0-	\$130,454	\$130,454				10G. Grand Total: \$130,454

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 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: Jeff Neves Federal Employer ID Number: 94-800511

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: jneves@edso.org

Signature: [Signature] Date: 5/1/07

(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.

Pouneh Tehrani 9/5/07 [Signature] 9/5/07  
 OES Fiscal Officer Date OES Director (or designee) Date

SFY: 2007/08 Chapter: BA97 PCA No: 03547  
 Item: 0690.102.0890 17407 Fed Cat #: 16.738  
 Component: 50.30.560 Region: n/a  
 Program: Anti-Drug Abuse Enforcement Program  
 Fund: Federal Trust  
 Match Req.: None  
 Project No.: 07JAGU Amount \$ 130454

OES ID#		Award #	
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### PROJECT CONTACT INFORMATION

Applicant El Dorado County Sheriff's Office Grant Number DC 07180090  
 [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: 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: Laura Gill Address: 330 Fair Lane  
 Title: Chief Administrative Officer City: Placerville Zip: 95667  
 Telephone #: (530) 621-5530 Fax #: (530) 621-5730 EA  
(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: 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

4. The **person** having **routine fiscal responsibility** 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

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

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

Name: Helen K. Baumann Address: 330 Fair Lane  
 Title: Dist. 2 Supervisor, Chair of Board City: Placerville Zip: 95667  
 Telephone #: (530) 621-5390 Fax #: (530) 622-3845  
(Area Code) (Area code)  
 E-Mail Address: \_\_\_\_\_

### SIGNATURE AUTHORIZATION

Grant Award #: OC 07180090

Grant Recipient: County of El Dorado

Implementing Agency: El Dorado County Sheriff's Office

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

\*Project Director: Martin Hale

\*Financial Officer: Laura Gill

Signature: *Martin Hale*

Signature: *Laura A. Gill*

Date: 5-1-07

Date: 5/7/07

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

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**CERTIFICATION OF ASSURANCE OF COMPLIANCE**

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 – (2006 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 Cuiiek  
Title: Director of Human Resources  
Address: 330 Fair Lane, Placerville, CA. 95667  
Phone: (530) 621-5572  
Email: Ted.cuiiek@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 – (2006 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 – (2006 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: \_\_\_\_\_

  
Jeff Neves

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: Sheriff

Date Executed: \_\_\_\_\_

shlon

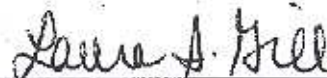
Federal Employer ID Number: 94-6000511

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: \_\_\_\_\_



Typed Name: \_\_\_\_\_

Laura Gill

Title: \_\_\_\_\_

Chief Administrative Officer

Reset Form

Print Form

PROJECT SUMMARY	
1. GRANT AWARD NO. <u>DC 07180090</u>	3. GRANT PERIOD
2. PROJECT TITLE <u>El Dorado County Antidrug Abuse Task Force</u>	<u>7-1-07</u> to <u>6-30-08</u>
4. APPLICANT	5. GRANT AMOUNT
Name: <u>Sheriff Jeff Neves</u> Phone: <u>(530) 621-5655</u>	(this is the same amount as 10G of the Grant Award Face Sheet)
Address: <u>300 Fair Lane</u> Fax #: <u>(530) 626-8091</u>	\$ <u>130,454</u>
City: <u>Placerville</u> Zip: <u>95667</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 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. EVALUATION (if applicable)**

Jeff Catchings, the Task Force Commander, in conjunction with the steering committee, will be evaluating the process.

**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
	\$52,390 ✓	\$78,064 ✓		\$130,454 ✓
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Totals:</b>	\$52,390 ✓	\$78,064 ✓	\$0	\$130,454 ✓

BUDGET CATEGORY AND LINE ITEM DETAIL	COST
<b>A. Personal Services – Salaries/Employee Benefits</b>	
Deputy Sheriff II (est .30 FTE) Salary: \$30,255	\$30,255 ✓
Benefits: \$15,586 (PERS 7,995; Health 3,266; Workers Compensation 1,197; So. Lake Tahoe differential 720; Medicare 350; Liability 476; Other compensation 1,582)	\$15,586 ✓
Grant Administrator (est. .5 FTE) Salary: \$4,322	\$4,322 ✓
Benefits: \$2,227 (PERS 803; Health 1,424) ✓	\$2,227 ✓
<b>TOTAL</b>	<b>\$52,390 ✓</b>

OES A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
<b>B. Operating Expenses</b>	<b>COST</b>
South Lake Tahoe Police Detective (est. .64 FTE) Salary: \$43,561	\$43,561
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%)	\$33,527
Administrative Services (est. .1 PTE) Salary: \$ 976 Benefits: None	\$976
<b>TOTAL</b>	<b>\$78,064</b>

OES A303b

<b>BUDGET CATEGORY AND LINE ITEM DETAIL</b>	
<b>C. Equipment</b>	<b>COST</b>
None	
<b>CATEGORY TOTAL</b>	\$0
<b>PROJECT TOTAL</b>	\$130,454

OES A303c