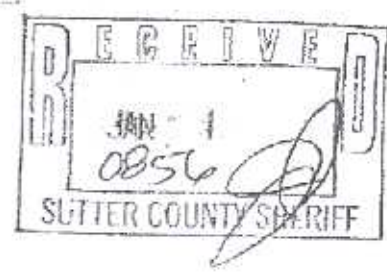




LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
 GOVERNOR'S OFFICE OF EMERGENCY SERVICES
 PUBLIC SAFETY BRANCH
 3650 SCHRIEVER AVENUE
 MATHER, CALIFORNIA 95655
 TELEPHONE: (916) 324-6724
 FAX: (916) 324-9179



December 18, 2007



Jim Denney
 Sheriff
 Yolo County
 1077 Civic Center Boulevard
 Yuba City, CA 95993

Dear Sheriff Denney:

SUBJECT: NOTIFICATION OF APPLICATION APPROVAL
 California Multi-jurisdictional Methamphetamine Enforcement Team (200701308)
 Award #: MH07 02 0570
 OES ID#: 113-00000

Congratulations! The Governor's Office of Emergency Services (OES) has approved your application in the amount of \$1,578,945, 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

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: Yolo County of Yolo Ca
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.
- 2. Implementing Agency: Yolo County Sheriff's Department
- 3. Project Title: CAL-MMET
- 4. Grant Period: 07/01/07 to 06/30/08

*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.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
07/08	5. WOM	\$1,578,945					\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$1,578,945	\$0	\$1,578,945	\$0	\$0	\$0	10. Grant Total: \$1,578,945

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: Ed Prieto Federal Employer ID Number: 946000531
 Name: Ed Prieto Title: Sheriff-Coroner-Public Administrator
 Payment Mailing Address: 2500 East Gibson City: Woodland Zip: 95776
 Telephone: (530) 668-5280 FAX: (530) 668-5238 Email: ed.prieto@yolocounty.org
 Signature: [Signature] Date: 9/18/07

[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.
[Signature] 12/5/07 [Signature] 12/5/07
 OES Fiscal Officer Date OES Director (or designee) Date

SFY: 200708 Chapter: BA07 PCA No: 06927
 Item: 0696.102.0001 Fed Cat: # None
 Component: 50.30.502 Region: s/a
 Program: California Multi-Jurisdictional Methamphetamine Enforcement Team
 Fund: General Fund
 Match Req.: None
 Project No.: 07WOM0 Amount: \$1,578,945

Received May 31, 2007
141265

PROJECT CONTACT INFORMATION

Applicant Yolo County

Grant Number MH 07020570

[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: Jim Denney Address: 1077 Civic Center Blvd. 95993 (Ca)
 Title: Sheriff City: Yuba City Zip: 95686
 Telephone #: (530) 822-7312 Fax #: (916) 464-2058
(Area Code) (Area code)
 E-Mail Address: jdenny@co.sutter.ca.us (530) 822-7318

2. The Financial Officer for the project:

Name: Howard Newens Address: 625 Court Street Room 103
 Title: Auditor-Controller City: Woodland Zip: 95695
 Telephone #: (530) 666-8190 Fax #: (530) 666-8215
(Area Code) (Area code)
 E-Mail Address: howard.newens@yolocounty.org

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

Name: Brent E. Orick Address: 3046 Prospect Park Drive #1
 Title: Special Agent in Charge City: Rancho Cordova Zip: 95670
 Telephone #: (916) 464-2053 Fax #: (916) 464-2058
(Area Code) (Area code)
 E-Mail Address: brent.orick@doj.ca.gov

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

Name: Selena Hobbs Address: 2500 East Gibson Road
 Title: Admin Services Analyst City: Woodland Zip: 95776
 Telephone #: (530) 668-5280 Fax #: (530) 668-5238
(Area Code) (Area code)
 E-Mail Address: selena.hobbs@yolocounty.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: Ed Prieto Address: 2500 East Gibson Road
 Title: Sheriff-Coroner-Public Administrator City: Woodland Zip: 95776
 Telephone #: (530) 668-5280 Fax #: (530) 668-5238
(Area Code) (Area code)
 E-Mail Address: ed.prieto@yolocounty.org

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

Name: Jim Denney ^{Ms. Mariko Yamada} Address: 625 East St, Room 204 (Ca)
 Title: Sheriff Chair City: Woodland Zip: 95695
 Telephone #: (530) 822-7312 466-8623 Fax #: (530) 822-7318 666-8193
(Area Code) (Area code)
 E-Mail Address: jdenny@co.sutter.ca.us mariko.yamada@yolocounty.org

SIGNATURE AUTHORIZATION

Grant Award #: MH 07020570

Grant Recipient: Yolo County

Implementing Agency: Yolo County Sheriff's Department

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

*Project Director: Jim Denney

Signature: 

Date: 9-13-07

*Financial Officer: Howard Newens

Signature: 

Date: 9-18-2007

The following persons are authorized to sign for the
Project Director

Signature 

J. Paul Parker

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer

Signature

N/A

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

CERTIFICATION OF ASSURANCE OF COMPLIANCE

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

RECIPIENT: Yolo County

IMPLEMENTING AGENCY: Yolo County Sheriff's Department

PROJECT TITLE: CAL-MMET

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:

Equal Employment Opportunity Officer: Hugo Martinez

Title: Equal Employment Opportunity/AAA Officer

Address: 625 Court Street, Woodland, Ca 95776

Phone: (530) 666-8245

Email: hugo.martinez@yolocounty.org

II. 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.

III. California Environmental Quality Act (CEQA) - (*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 (with an original signature) 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 (in accordance with: *Government Code, Section 25103*) 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. This requirement does not apply to state agencies.

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 Name: (print) _____

Ed Prieto

Authorized Official's Title: _____

Sheriff-Coroner-Public Administrator

Date Executed: _____

9/14/07

Federal ID Number: _____

946000531

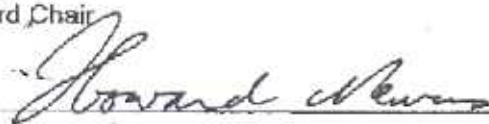
Executed In the City/County of: _____

Woodland

AUTHORIZED BY: (Not Applicable to State Agencies)

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

Signature: _____



Name: (print) _____

Howard Newens

Title: _____

Auditor-Controller, Yolo County

PROJECT SUMMARY

1. GRANT AWARD NO. MH07020570

2. PROJECT TITLE CAL-MMET

3. GRANT PERIOD

July 1, 2007 to June 30, 2008

4. APPLICANT

Name: Yolo County Phone: (916) 668-5280
Address: 2500 East Gibson Fax #: (530) 668-5238
City: Woodland Zip: 95776

5. GRANT AMOUNT

(this is the same amount as 10G of the Grant Award Face Sheet)

\$ 1,578,945

6. IMPLEMENTING AGENCY

Name: Yolo County Sheriff's Department Phone: (530) 668-5280 Fax #: (530) 668-5238
Address: 2500 East Gibson City: Woodland Zip: 95776

7. PROGRAM DESCRIPTION

The Northern Region/Southern Initiative has 7 multi-jurisdictional task forces comprised of officers from local, and state, law enforcement agencies. They have the responsibility of investigating and arresting mid to upper level methamphetamine / narcotic violators and drug trafficking organizations. In addition, they also investigate large-scale clandestine methamphetamine laboratories and resulting lab dumps.

8. PROBLEM STATEMENT

In 2008, the more potent crystal methamphetamine continues to be the illegal drug of choice in our 8 county area. Seizures have increased steadily increased. Large-scale clandestine methamphetamine laboratories and waste dumps have decreased however seizures of larger amounts of methamphetamine have increased. Crystal methamphetamine use and trafficking has outpaced that of powder methamphetamine. Cocaine and heroin seizures have increased and found along with methamphetamine.

9. OBJECTIVES

Reduce illegal narcotic activities of targeted offenders through law enforcement, prosecution, and probation efforts. Initiate investigations involving all levels of drug traffickers with the overall objective of identifying and apprehending major drug traffickers, and sentence these major distributors and manufacturers of methamphetamine to prison. To conduct routine meetings regarding all known narcotic activity. To assist all 8 County law enforcement agencies and state and federal law enforcement agencies on specific drug problem requests for service.

10. ACTIVITIES

Dismantle methamphetamine laboratories within the 8 county region. Arrest violators involved in sales and distribution of methamphetamine, heroin, cocaine, and marijuana; complete search warrants for controlled substances. Collaborate investigations to build strong cases; conduct probation/parole searches on drug convicted felons; participate in monthly meetings with heads of law enforcement agencies; meet weekly with law enforcement agents; respond to calls for service by outside agencies and other law enforcement agencies.

11. EVALUATION (if applicable)

Each task force will fill out a monthly statistical sheet that covers all of the goals and objectives of this project. This statistical information will be reviewed and submitted to the steering committee to evaluate the projects success.

12. NUMBER OF CLIENTS

(if applicable)

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

Personal Services	Operating Expenses	Equipment	TOTAL	
\$29,800 \$18,000	\$1,271,915 \$1,211,951	\$266,230 \$350,094	\$1,578,945	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
Totals:	\$29,800 \$18,000	\$1,271,915 \$1,211,951	\$266,230 \$350,094	\$1,578,945

El Dorado	
El Dorado County Deputy Sheriff I/II @ 51% (\$33.92 / hour x 1,061 hours)	
Salary	\$35,988.00
PERS Retirement	\$6,629.00
Medicare	\$304.00
Health Insurance	\$2,832.00
Unemployment	\$128.00
Flexible Benefits	\$1,068.00
Workmen's Comp	\$1,038.00
Liability Insurance	\$413.00
Administrative Assistant @ 75% (\$21.83 / hour x 1,560 hours)	
Salary	\$33,750.00
PERS Retirement	\$5,700.00
Medicare	\$598.00
Health Insurance	\$4,782.00
Unemployment	\$133.00
Flexible Benefits	\$2,878.00
Workmen's Comp	\$4,182.00
Liability Insurance	
Office Lease - Rental Facility for 1.5 FTE CAL-MMET funded positions	\$27,380.00
\$1.36 per square foot x 1,800 square feet = \$2,449.98	
\$2,499.98 x 1.5 FTE = \$3,674.97	
\$3,674.97 x 12 months = \$44,100 (total cost of leased facility, only \$27,380 claimed)	
Rental of Two Undercover Vehicles	\$16,800.00
Mini Mate Audio Receiver	\$3,300.00
8 mini SD memory cards	\$650.00
Analog Transmitter body wire	\$3,300.00
Nion D200 slr camera body	\$2,000.00
Nikon stabilized 70-200mm auto focus lens	\$1,800.00
Nikon stabilized 80-400mm auto focus lens	\$1,400.00
Canon Power shot S1 digital camera (7 @ \$427 each)	\$2,989.00
Sure Fire Flashlights (7 @ \$120 each)	\$840.00
Ballistic Helmet (4 @ \$199 each)	\$796.00
Iridium 9505A Satellite phones (2 @ \$1,775 each)	\$3,550.00
TOTAL OPERATING EXPENSES EL DORADO	\$166,208.00

El Dorado

Street Fighter Trac II Audio Receiver	\$6,400.00
Rearview mirror Recording System (2 @ \$5000)	\$10,000.00
Night Vision Monoculars (4 @ \$5000)	\$20,000.00
ITT Mil Spec Thermal Imaging Short Range	\$7,500.00
TOTAL EQUIPMENT EXPENSES EL DORADO	\$43,900.00