

# Discretionary Grant Evaluation Form

Arapahoe County Government

# \_\_\_\_\_ (Dept Code-Year-Number)

## Overview

Grant Name 2020 Edward Byrne Justice Assistance Grant  
Grantor United States Department of Justice  
Amount applied for \$210,912 – ACSO Portion \$23,801  
Application/submission deadline August 19, 2020  
Does application/proposal require/imply acceptance? Yes, with Aurora  
Office/Department/Division applying Arapahoe County Sheriff's Office  
Grant period (time to expend funds) \_\_\_\_\_  
New grant \_\_\_\_\_ Renew existing  Expand existing \_\_\_\_\_  
Previous grant name and dates, if applicable \_\_\_\_\_  
Federal grant  If so, federal agency Dept of Justice (DOJ) (OPJ) (BJA)  
If so, CFDA #(s) 16.738  
If on grants.gov, Opportunity # \_\_\_\_\_  
State grant \_\_\_\_\_ If so, state agency \_\_\_\_\_  
Are federal funds passed through \_\_\_\_\_  
If so, CFDA #(s) \_\_\_\_\_  
Apply via COGMS online? \_\_\_\_\_  
Other grantor \_\_\_\_\_

## Benefits

What is grant expected to accomplish? The grant will allow for the purchase of all media (AMV) streaming interface, and air purifying respirators filters

How does it align with County and department goals and objectives? Public Safety

How will success be measured Public Safety

What constituency is expected to benefit? Citizens

New service \_\_\_\_\_ Existing service \_\_\_\_\_ Expanded service

Alternatives to using grant to accomplish this benefit Not accepting the grant funding and not providing the expanded service to the community

## Cost/Budget

Matching funds

Matching funds required – Cash 0 In-kind 0 Funding source \_\_\_\_\_

FTE's

# New FTE's? 0 Duration \_\_\_\_\_

If not grant funded, describe funding plan \_\_\_\_\_

Are benefits covered? \_\_\_\_\_ How much? \_\_\_\_\_ If not, plan to cover \_\_\_\_\_

Describe any potential workman's comp risk \_\_\_\_\_

If occurred, plans to fund \_\_\_\_\_

Anticipated unemployment costs when termed \_\_\_\_\_

Plans to fund unemployment or workman's comp after grant is closed \_\_\_\_\_

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Describe space and equipment available for new FTE \_\_\_\_\_

Are additional space or equipment costs covered in grant? \_\_\_\_\_

### Fixed/capital asset

Describe asset \_\_\_\_\_

Estimated dollar amount & how derived \_\_\_\_\_

Did process of estimating costs meet federal or grant requirements? \_\_\_\_\_

Specific purchasing requirements \_\_\_\_\_

Requirements for use of asset \_\_\_\_\_

Requirements for disposition of asset \_\_\_\_\_

Plan to replace when expired? \_\_\_ When? \_\_\_ How? \_\_\_\_\_ How much? \_\_\_

Plan for funding IG rents \_\_\_\_\_

IT hardware/software \_\_\_\_\_

Anticipated implementation costs and how funded \_\_\_\_\_

Anticipated implementation timeline \_\_\_\_\_ Corroborated with IT? \_\_\_\_\_

Priority ranking \_\_\_\_\_

Staff dedicated to implementation \_\_\_\_\_

Anticipated asset maintenance costs \_\_\_\_\_ Plan to fund them \_\_\_\_\_

### Advance or reimbursement grant **Reimbursement** \_\_\_\_\_

If reimbursement, how often will requests be filed **Quarterly** \_\_\_\_\_

Is there a time frame to be met after which it becomes nonreimbursable? \_\_\_\_\_

How plan to meet that deadline \_\_\_\_\_

How plan to fund nonreimbursable expenditures \_\_\_\_\_

### Allowable costs

Anticipated administration costs \_\_\_\_\_

What are allowable costs for reimbursement \_\_\_\_\_

If subject to single audit, will grant pay fees? \_\_\_\_\_

If audit and admin costs are not covered, plans for funding them \_\_\_\_\_

## **Compliance Requirements**

Does the grant require:

EEOP **YES** \_\_\_\_\_

Drug-free workplace **NO** \_\_\_\_\_

Davis-Bacon **NO** \_\_\_\_\_

Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases **NO** \_\_\_\_\_

Does acceptance of the grant obligate the County to provide goods/services/service levels/standards beyond the grant period or funding? **NO** \_\_\_\_\_

If so, describe \_\_\_\_\_

Plans for funding \_\_\_\_\_

Other compliance requirements specific to this grant \_\_\_\_\_

## **Impact on County Operations**

Does the grant require IT support to implement or support? **NO** \_\_\_\_\_

Describe plans \_\_\_\_\_

Describe plans for tracking and reporting **Financial tracking and reporting will be done by Sheriff's Office staff following same procedures that are in place from previous years JAG grants** \_\_\_\_\_

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Requesting Finance to assist in setting up grant tracking system in SAP IO's

Describe the training and experience of the staff responsible for the tracking and reporting of this grant **Sheriff's Office staff in Sheriff's Finance Office and the Public Safety Bureau have been and will continue to track and report all current JAG grant procedures**

Does the grant require FFM assistance for additional space for FTE or equipment

Describe plans **NO**

Will the grant require any change in County or department/office policy? **NO**

If so, describe \_\_\_\_\_

Describe any other potential impact on other departments/offices **None**

### Other Considerations

Is there an automatic renewal in subsequent years? \_\_\_\_\_

Is it a regional grant benefiting more than just Arapahoe County **Yes**

If so, describe Joint with the **City of Aurora**

Is the County acting as fiscal agent? \_\_\_\_\_

If so, attach narrative describing entities covered, responsibilities, how admin costs are funded, benefits & exposure \_\_\_\_\_

Are funds being passed through to another agency/partner/subgrantee? **No**

If so, describe \_\_\_\_\_

Describe plans to monitor subgrantee compliance \_\_\_\_\_

Are others participating in costs? \_\_\_\_\_ How? \_\_\_\_\_

Are there any other potential liabilities \_\_\_\_\_

Name and title of person authorized/responsible for

Grant application **Bureau Chief Glenn Thompson**

Required reporting **Bureau Chief Glenn Thompson/Frank Gomez**

Reimbursement requests **Frank Gomez**

Plan for approval

Drop-in \_\_\_\_\_

Study Session \_\_\_\_\_

Dept/Office signature only \_\_\_\_\_

### Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant **Sheriff's Office**

Attorney's Office \_\_\_\_\_

Attorney's Office – Risk Mgmt \_\_\_\_\_

Facilities & Fleet Management \_\_\_\_\_

Finance – Grants \_\_\_\_\_

Finance – Budget \_\_\_\_\_

Finance – Purchasing \_\_\_\_\_

HR \_\_\_\_\_

IT \_\_\_\_\_

### Attachments

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### List attachments

Grant application form \_\_\_\_\_

Grant application instructions \_\_\_\_\_

Specific compliance requirements \_\_\_\_\_

Other, describe \_\_\_\_\_

### Signature

#### Grant submitted by

Name **Glenn Thompson** \_\_\_\_\_

Title **Public Safety Bureau Chief** \_\_\_\_\_

Elected Official/Department Director/Designee \_\_\_\_\_

Date **8/19/2020** \_\_\_\_\_

#### Reviewed by

County Attorney's Office

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

Finance Department

Accounting – Grants

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

Budget

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

Purchasing

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_