



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.18.

9/17/2024

Subject:

Permission to Advertise for a Public Hearing to consider the Edward Byrne Memorial Justice Assistance Grant - Local Solicitation a grant application for Brevard County.

Fiscal Impact:

This U.S. Department of Justice grant provides funding and does not require a local match:

Grant: FY 2024 JAG, Local Solicitation

Award amount: \$41,758

Dept/Office:

Brevard County Sheriff's Office

Requested Action:

It is requested that the Board of County Commissioners grant permission for Brevard County Sheriff's Office to advertise for a public hearing to consider the Edward Byrne Memorial Justice Assistance Grant application; Authorize the Chairperson to sign necessary documents.

Summary Explanation and Background:

The Edward Byrne Memorial Justice Assistance Grant (JAG) is a national, formula-based grant program administered by the U.S. Department of Justice (DOJ) with the goal of improving the criminal justice system. It provides funds to local units of government and state criminal justice agencies to enhance initiatives in their jurisdiction.

The U.S. Department of Justice has allocated JAG grant funds for Brevard County that must be used for law enforcement purposes.

The JAG, Local, Solicitation annual award will enhance criminal investigations by funding a Deputy Agent position that focuses on forensic fraud, referring to crimes in which someone wrongfully obtains and uses another person's personal data in a way that involves fraud or deception, typically for economic gain. A prevalent crime in Brevard County, fraud and identity theft has had a significant financial and investigative impact on law enforcement. The agency believes this position and associated operational expenses continue to be the best use of grant funds.

Contact: Mr. Brett Carman, BCSO Chief Financial Officer
321-264-2506/ brett.carman@bcso.us

Clerk to the Board Instructions:



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

September 18, 2024

Honorable Sheriff Wayne Ivey
Brevard County Sheriff
700 South Park Avenue
Titusville, FL 32780

Attn: Brett Carman

Dear Sheriff Ivey:

Re: Item F.18., Permission to Advertise for a Public Hearing to Consider the Edward Byrne Memorial Justice Assistance Grant – Local Solicitation a Grant Application for Brevard County

The Board of County Commissioners, in regular session on September 17, 2024, granted permission to you to advertise for a public hearing to consider the Edward Byrne Memorial Justice Assistance Grant Application; and authorized the Chair to sign the necessary documents. Enclosed is the executed Application.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell, Clerk to the Board

/tr

Encl. (1)

cc: Finance
Budget

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Brevard County

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-6000528

*** c. UEI:**

EXMJSALA2BA3

d. Address:

*** Street1:**

2725 Jude Fran Jamieson Way

Street2:

Building C

*** City:**

Viera

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

32940-6605

e. Organizational Unit:

Department Name:

Brevard Cnty Sheriff's Office

Division Name:

Finance Department

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Melissa

Middle Name:

*** Last Name:**

Meader

Suffix:

Title:

Grants Coordinator

Organizational Affiliation:

Brevard County Sheriff's Office

*** Telephone Number:**

321-264-5206

Fax Number:

321-264-5324

*** Email:**

melissa.meader@bcso.us

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

* 12. Funding Opportunity Number:

Q-BJA-2024-172239

* Title:

BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Economic Crimes Unit Investigative Fraud Agent position

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="41,758.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="41,758.00"/> |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix: As approved by the Board 09/17/2024.

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

| | | |
|---|--|---|
| 1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee *Name: <input type="text" value="Brevard County"/> *Street 1: <input type="text" value="2725 Judge Fran Jamieson Way"/> Street 2: <input type="text"/> *City: <input type="text" value="Viera"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="32940-6605"/> Congressional District, if known: <input type="text" value="FL-008"/> | | |
| 5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: | | |
| 6. * Federal Department/Agency: <input type="text" value="U.S. Department of Justice"/> | | 7. * Federal Program Name/Description: <input type="text" value="Edward Byrne Memorial Justice Assistance Grant Program"/> CFDA Number, if applicable: <input type="text" value="16.738"/> |
| 8. Federal Action Number, if known: <input type="text"/> | | 9. Award Amount, if known: \$ <input type="text" value="41,758.00"/> |
| 10. a. Name and Address of Lobbying Registrant: Prefix: <input type="text"/> *First Name: <input type="text" value="Stephen"/> Middle Name: <input type="text"/> *Last Name: <input type="text" value="Cristafulli"/> Suffix: <input type="text"/> *Street 1: <input type="text" value="5125 Mallard Lakes Court"/> Street 2: <input type="text"/> *City: <input type="text" value="Merritt Island"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="32953"/> | | |
| b. Individual Performing Services (including address if different from No. 10a) Prefix: <input type="text"/> *First Name: <input type="text" value="Stephen"/> Middle Name: <input type="text"/> *Last Name: <input type="text" value="Cristafulli"/> Suffix: <input type="text"/> *Street 1: <input type="text"/> Street 2: <input type="text"/> *City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> | | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. *Signature: <input type="text" value="Completed on submission to Grants.gov"/> *Name: Prefix: <input type="text"/> *First Name: <input type="text" value="Jason"/> Middle Name: <input type="text"/> *Last Name: <input type="text" value="Steele"/> Suffix: <input type="text"/> Title: <input type="text" value="Brevard County Commissioner-District 5"/> Telephone No.: <input type="text" value="321-253-6611"/> Date: <input type="text" value="Completed on submission to Grants.gov"/> | | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) |

Trader Jake's Legal Notice

Customer:

BREVARD COUNTY SHERIFF'S OFFICE
700 S. PARK AVE.
TITUSVILLE FL 32780

ISSUE: FRIDAY, SEPTEMBER 27, 2024
RUN TIMES: 1

LEGAL NOTICE OF PUBLIC MEETING

Date of Meeting: Tuesday, October 8, 2024 - 5:00 PM

Meeting of Brevard County Board of County Commissioners,
2725 Judge Fran Jamieson Way, Viera, C, 1st Floor, Commission Chambers
Contact (321) 264-5206

Consideration of: The FY 2024 Edward Byrne Memorial Justice Assistance Grant (JAG), Local Solicitation

If a person desires to appeal any decision made by this commission with respect to any matter considered at this meeting or hearing, such a person will need to record of this proceeding and that, for such purposes, such person may need to ensure that a verbatim record of this proceeding is made, at his/her own expense, which record includes testimony and evidence upon which any such appeal is to be based. The needs of the hearing and/or impaired persons shall be met if the department sponsoring the meeting/hearing is presented with such a request no later than 48 hours prior to the meeting.