# Agenda Report

2725 Judge Fran Jamieson Way
Viera, FL 32940

## Consent

F.9. 4/7/2026

## Subject:

Permission, Re: Advertise Public Hearing to consider the Edward Byrne Memorial Justice Assistance Grant - Local Solicitation a grant application for Brevard County - Brevard County Sheriff's Office.

## Fiscal Impact:

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

Grant: FY 2025 JAG, Local Solicitation Award amount: $48,444

## 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 at the April 21, 2026 Board Meeting 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:

Please have the Chair sign both set of forms and provide both original forms and Board Memo to Brevard County Sheriff's Office.

BREVARD County
BOARD OF COUNTY COMMISSIONERS

FLORIDA'S SPACE COAST

**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

April 8, 2026

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

Attn: Brett Carman

Dear Sheriff Ivey:

Re: F.9., Permission to Advertise Public Hearing to Consider the Edward Byrne Memorial Justice Assistance Grant – Local Solicitation a Grant Application for Brevard County – Brevard County Sheriff's Office

The Board of County Commissioners, in regular session on April 7, 2026, granted permission to advertise for a public hearing at the April 21, 2026, Board meeting to consider the Edward Byrne Memorial Justice Assistance Grant Application.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell

Kimberly Powell, Clerk to the Board

/tr

cc: County Manager
Finance
Budget

GRANTS.GOV

# WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

## OPPORTUNITY & PACKAGE DETAILS:

| | |
|---|---|
| Opportunity Number: | O-BJA-2025-172542 |
| Opportunity Title: | BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula |
| Opportunity Package ID: | PKG00292120 |
| Assistance Listing Number: | 16.738 |
| Assistance Listing Title: | Edward Byrne Memorial Justice Assistance Grant Program |
| Competition ID: | |
| Competition Title: | |
| Opening Date: | 03/13/2026 |
| Closing Date: | 04/21/2026 |
| Agency: | Bureau of Justice Assistance |
| Contact Information: | OJP Resource Center |

## APPLICANT & WORKSPACE DETAILS:

| | |
|---|---|
| Workspace ID: | WS01624922 |
| Application Filing Name: | Brevard County Government Center |
| UEI: | EXMJSALA2BA3 |
| Organization: | COUNTY OF BREVARD-SHERFF FINANCE DEPARTMENT |
| Form Name: | Application for Federal Assistance (SF-424) |
| Form Version: | 4.0 |
| Requirement: | Mandatory |
| Download Date/Time: | Mar 16, 2026 10:18:02 AM EDT |
| Form State: | No Errors |

## FORM ACTIONS:

OMB Number: 4040-0004
Expiration Date: 11/30/2025

## Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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 Jamison 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: Ms.
* 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. Assistance Listing Number:**

16.738

Assistance Listing Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2025-172542

* Title:

BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula

**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: FL-003 * b. Program/Project: FL-008

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2024 * b. End Date: 09/30/2026

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | 48,444.00 |
| * b. Applicant | 0.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 48,444.00 |

*** 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

Add Attachment | Delete Attachment | View Attachment

**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: Thad

Middle Name:

* Last Name: Altman

Suffix:

* Title: Chair, Board of County Commissioners

* Telephone Number: 321-253-6611 Fax Number:

* Email: D5.Commissioner@BrevardFL.gov

* Signature of Authorized Representative: * Date Signed: April 7, 2026

As approved by the Board on April 7, 2026.

# DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 06/30/2028

**1. * Type of Federal Action:**
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

**2. * Status of Federal Action:**
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

**3. * Report Type:**
- [x] a. initial filing
- [ ] b. material change

**4. Name and Address of Reporting Entity:**

[x] Prime [ ] SubAwardee

* Name: Brevard County
* Street 1: 2725 Judge Fran Jamieson Way
Street 2:
* City: Viera
State: FL: Florida
Zip: 32940-6605
Congressional District, if known: FL-008

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

**6. * Federal Department/Agency:**
U.S. Department of Justice

**7. * Federal Program Name/Description:**
BJA FY25 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Formula
Assistance Listing Number, *if applicable:* 16.738

**8. Federal Action Number,** *if known:*

**9. Award Amount,** *if known:*
$ 48,444.00

**10. a. Name and Address of Lobbying Registrant:**

Prefix: * First Name: Stephen Middle Name: C
* Last Name: Crisafulli Suffix:
* Street 1: 5125 Mallard Lakes Cort Street 2:
* City: Merritt Island State: FL: Florida Zip: 32953

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix: * First Name: Stephen Middle Name:
* Last Name: Cristafulli Suffix:
* Street 1: Street 2:
* City: State: Zip:

**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:

*Name: Prefix: * First Name: Thad Middle Name:
* Last Name: Altman Suffix:

Title: Chair, Board of County Commissioners Telephone No.: 321-253-6611 Date: April 7, 2026

**Federal Use Only:**

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

*As approved by the Board on April 7, 2026.