



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Public Hearing

H.1.

4/21/2026

Subject:

Permission to Participate in and Accept the U.S. Dept. of Justice (DOJ) Edward Byrne Memorial Justice Assistance Grant Local Solicitation - Brevard County Sheriff's Office.

Fiscal Impact:

This grant offers funding of \$48,444 for law enforcement activities and does not require a local match.

Dept/Office:

Brevard County Sheriff's Office

Requested Action:

It is requested that the Board of County Commissioners grant permission to participate in and accept the Edward Byrne Memorial Justice Assistance Grant application; Designate the Brevard County Sheriff's Office as the point of contact; Authorize the Chairperson to execute the necessary contractual agreements, modifications and amendments; Authorize the County Manager to execute necessary Budget Change Requests. The Board of County Commissioners will provide the Sheriff's Dept. with written approval.

Summary Explanation and Background:

FY 2025 JAG, Local Solicitation

Award amount: \$48,444

The 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
Phone/Email: (321) 264-5206/ brett.carman@bcso.us

Clerk to the Board Instructions:

Please provide a copy of the Board Memo to the Brevard County Sheriff's Office.



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 22, 2026

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

Attn: Brett Carman

Dear Sheriff Ivey:

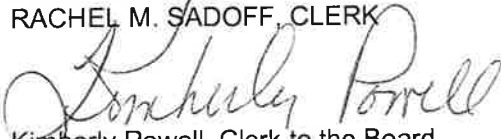
Re: H.1., Permission to Participate in and Accept the U.S. Dept. of Justice (DOJ) Edward Byrne Memorial Justice Assistance Grant Local Solicitation

The Board of County Commissioners, in regular session on April 21, 2026, granted permission to participate in and accepted the Edward Byrne Memorial Justice Assistance Grant application; designated the Brevard County Sheriff's Office as the point of contact; authorized the Chair to execute the necessary contractual agreements, modifications, and amendments and authorized the County Manager to execute necessary Budget Change Requests. Enclosed is the Grant Application

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK



Kimberly Powell, Clerk to the Board

/sj

Encl. (1)

cc: County Manager
Finance
Budget

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:

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 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-008

* 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:

322-2571-6611

Fax Number:

* Email:

D5.Commissioner@SevierTN.gov

* Signature of Authorized Representative:

* Date Signed:

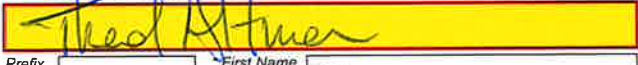
April 21, 2026

As approved by the Board on 4/21/2026

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 ☒ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	2. * Status of Federal Action: ☐ a. bid/offer/application ☒ b. initial award ☐ c. post-award	3. * Report Type: ☒ a. initial filing ☐ b. material change
4. Name and Address of Reporting Entity: ☒ 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 Court 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.: 321-253-6511 Date: April 21, 2026		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) *As approved by the Board or 4/21/2026