Agenda Report



2725 Judge Fran Jamieson Way Viera, FL 32940

Public Hearing

H.3.

8/16/2022

Subject:

Permission to Participate in and Accept the FY 2021 Edward Byrne Memorial Justice Assistance Grant Countywide (JAGC) Program Grant.

Fiscal Impact:

This U.S. Department of Justice grant will provide funding in the amount of \$144,504.00 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 2021 Edward Byrne Memorial Justice Assistance Countywide (JAGC) Grant application; Designate the Brevard County Sheriff's Office as the point of contact; Authorize the Sheriff or his designee to sign the applications for Federal Assistance SF-424 form; 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:

The Florida Department of Law Enforcement (FDLE) recently notified Brevard County of the Edward Byrne Memorial Justice Assistance Grant (JAGC) program, Countywide solicitation. Brevard County is slated to receive \$144,504.00 in FY 2022 that must be used to fund law enforcement programs.

For the last 20 years, the countywide Prisoner Transportation program has provided coordinated transportation of arrestees to the county jail from the field by Brevard's Law Enforcement agencies. The program allows law enforcement agencies who find it difficult to transport arrestees to the County Jail Complex the ability to have arrestees picked up by the Sheriff's Office, leaving more time for safety patrol functions.

As a condition of the grant, Brevard County and Brevard cities must come to a consensus on how the funds are to be used and provide FDLE with letters of support for that use. The Sheriff's Office has coordinated the support effort among our municipalities, receiving the required 51% letters of support in order to continue the Prisoner Transportation Program.

Contact:

Mr. Bill Spinelli, BCSO Chief Administrative Officer

Phone/Email: (321) 264-5206, ext. 54619 / bill.spinelli@bcso.us

H.3. 8/16/2022

Clerk to the Board Instructions:

Please e-mail a copy of the Board Memo to Joann. Elmiger @bcso.us and send a hard copy by mail to Joann Elmiger, Brevard County Sheriff's Office, 700 S. Park Ave, Titusville, FL 32780.



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



August 17, 2022

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

Attn: Bill Spinelli

Dear Sheriff Ivey:

RE:

Item H.3., Permission to Participate in and Accept the FY 2021 Edward Byrne Memorial Justice Assistance Grant Countywide (JAGC) Program Grant

The Board of County Commissioners, in regular session on August 16, 2022, granted permission to participate in and accept the 2021 Edward Byrne Memorial Justice Assistance Countywide (JAGC) Grant application; designated the Brevard County Sheriff's Office as the point of contact; authorized the Sheriff, or his designee, to sign the applications for Federal Assistance SF-424 form; authorized the Chair to execute the necessary contractual agreements, modifications and amendments; authorized the County Manager to execute necessary Budget Change Requests; and provide you written approval.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

RACHEL M/SADOFF, CLERK

Kimberly Powell, Clerk to the Board

/pp

CC:

County Manager

Finance Budget

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Endored Againstones ST 434									
Application for Federal Assistance SF-424									
* 1. Type of Submis		* 2. Type of Application:	* If Revision, select appropriate letter(s):						
Preapplication		✓ New							
Application		Continuation	* Other (Specify):						
Changed/Cor	rected Application	Revision							
* 3. Date Received									
August 9, 2022									
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/Taxpa	ayer Identification Num	ber (EIN/TIN):	*c. Organizational DUNS;						
59-6000528			0983073200000						
d. Address:									
* Street1:	2725 Judge Fra	n Jamieson Way							
Street2:	Building C								
* Gily:	Viera								
County/Parish:	Brevard								
* State:	Florida	TO THE SAME WINDOWS							
Province:		har and							
* Country:			USA: UNITED STATES						
* Zip / Postal Code:	soo to goog								
e. Organizational	Mark Andrews								
Department Name:			Division Name:						
Brevard County Sheriff's Office									
f. Name and contact information of person to be contacted on matters involving this application:									
Prefix:		* First Nam							
Middle Name:		1	Oct.						
* Last Name:	miger								
Suffix:		1							
Title: Grant and	Contract Coordina	itor							
Organizational Affiliation:									
Brevard County Sheriff's Office									
* Telephone Numbe	321-264-5206 ex	kt. 54965	Fax Number:						
* Email: Joann.elmiger@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:								
* Title:								
BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Countywide Solicitation.								
13. Competition Identification Number:								
Title:								
CATEGORY 2 - APPLICANTS WITH ELIGIBLE ALLOCATION AMOUNTS OF \$25,000 OR MORE.								
14. Areas Affected by Project (Citles, Counties, States, etc.):								
Add Attachment Delete Attachment View Attachment								
* 15. Descriptive Title of Applicant's Project:								
Brevard County Sheriff's Office Prisoner Transportation Program.								
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	Brevard * b. Program/Project FL15										
Attach an additional list of Program/Project Congressional Districts if needed.											
Add Attachment Delete Attachment View Attachment											
17. Proposed Project:											
* a. Start Date: 10/1/2021 * b. End Date: 9/30/2023											
18. Estimated Funding (\$):											
* a. Federal 144,504.00											
* b. Applicant	* b. Applicant 0.00										
* c. State	* c. State 0.00										
* d. Local	* d. Local 0.00										
	* e. Other 0.00										
- 1	*f. Program Income 0.00										
* g. TOTAL	\$144,504.00										
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?											
		able to the State under the				review on					
l L		2 but has not been selecte	d by the St	ate for re	eview.						
	m is not covered by E.O.					100000					
		ny Federal Debt? (If "Yes	," provide (explanat	ion in attachment.)					
Yes	☑ No										
If "Yes", prov	ide explanation and attach	E-STITE	7.14 1.13								
			ld Atlachme		Delete Attachme						
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 218, Section 1001)											
"I AGRE	The state of the s	autivo perioritos: (0.3. 00	ue, iide zi	o, secut	ni 1001)						
** 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 R	epresentative:				****						
Prefix:		* First Nam	e: Joani	n							
Middle Name:											
* Last Name:	Elmiger	Mily research was a research as a research	Miles Communication								
Suffix:											
* Title:	Grant and Contract Coordinator										
* Telephone Nu	umber: 321-264-5206 ext	. 54965] Fax N	Number:						
Email: joani	n.elmiger@bcso.us	9									
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.											