



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Public Hearing

H.1.

7/19/2022

### Subject:

Permission to Participate in and Accept the U.S. Dept. of Justice 2022 Edward Byrne Memorial Justice Assistance Grant - Brevard County Sheriff's Office

### Fiscal Impact:

This U.S. Department of Justice grant provides funding in the amount of \$47,400.00 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 2022 direct Edward Byrne Memorial Justice Assistance 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 U.S. Department of Justice has notified the Brevard County Sheriff's Office of the 2022 Edward Byrne Memorial JAG Local Solicitation. Brevard County is eligible to receive a direct allocation of \$47,400.00 that must be used for law enforcement purposes.

The award will enhance criminal investigations by funding a Deputy Agent position that focuses on fraud and identity theft, 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. Bill Spinelli, BCSO Chief Administrative Officer  
Phone/E-mail: (321) 264-5206 ext. 54619 / bill.spinelli@bcso.us

### Clerk to the Board Instructions:

Please e-mail Board Memo to [Joan.Elmiger@bcso.us](mailto:Joan.Elmiger@bcso.us) <<mailto:Joan.Elmiger@bcso.us>> and send one hard copy

H.1.

7/19/2022

to Joann Elmiger, Brevard County Sheriff's Office, 700 South Park Ave, Titusville, FL 32780.

EMAIL Memo

&

MAIL Memo

# 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



July 20, 2022

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

Attn: Bill Spinelli

Dear Sheriff Ivey:

Re: Item H.1., Permission to Participate in and Accept the U.S. Department of Justice 2022 Edward Byrne Memorial Justice Assistance Grant

The Board of County Commissioners, in regular session on July 19, 2022, granted permission for the Brevard County Sheriff's Office to participate in and accept the 2022 Edward Byrne Memorial Justice Assistance 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 the necessary Budget Change Requests; and provided the Sheriff's Department with written approval. Enclosed is the executed Grant.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS  
RACHEL M. SADOFF, CLERK

A handwritten signature in cursive script that reads "Kimberly Powell".

Kimberly Powell, Clerk to the Board

/ns

Encl.(1)

cc: County Manager  
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. Organizational DUNS:**

0983073200000

**d. Address:**

**\* Street1:**

2725 Judge Fran Jamieson Way

**Street2:**

Building C

**\* City:**

Viera

**County/Parish:**

Brevard

**\* State:**

Florida

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

32940-6605

**e. Organizational Unit:**

**Department Name:**

Brevard County Sheriff's Office

**Division Name:**

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

**Prefix:**

**\* First Name:**

Joann

**Middle Name:**

**\* Last Name:**

Elmiger

**Suffix:**

**Title:**

Grant and Contract Coordinator

**Organizational Affiliation:**

Brevard County Sheriff's Office

**\* Telephone Number:**

321-264-5206 ext. 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:**

**O-BJA-2022-171368**

\* Title:

**BJA FY 22 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation.**

**13. Competition Identification Number:**

**C-BJA-2022-00155-PROD**

Title:

**CATEGORY 2 - APPLICANTS WITH ELIGIBLE ALLOCATION AMOUNTS OF \$25,000 OR MORE.**

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

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

**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

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:

9/30/2025

## 18. Estimated Funding (\$):

* a. Federal	\$47,400.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	\$47,400.00

## \* 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 subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, 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:

Joann

Middle Name:

\* Last Name:

Elmiger

Suffix:

\* Title:

Grant and Contract Coordinator

\* Telephone Number:

321-264-5206 ext. 54965

Fax Number:

\* Email:

joann.elmiger@bcso.us

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.