

item # 11

**City of Carson City  
Agenda Report**

**Date Submitted:** 11/24/08                      **Agenda Date Requested:** 12/04/08  
**Time Requested:** 15 Minutes

**To:** Mayor and Supervisors

**From:** Carson City Sheriff's Office and Partnership Carson City

**Subject Title:** Action to approve the acceptance of the US Department of Justice Methamphetamine Initiative Grant #2008CKWX0045 in the amount of \$310,987.

**Staff Summary:** In 2005, Mayor Teixeira galvanized the community with a call to action to eradicate methamphetamine in Carson City. Local government, community leaders, and local citizens came together and formed the Partnership Carson City (PCC). Five task forces were initiated to support and enhance community awareness, education, public policy, treatment and law enforcement efforts.

During a trip to Washington D.C., Mayor Teixeira requested funds from the FY2008 Commerce/Justice/Science Appropriations Bill, Department of Justice, Community-Oriented Policing Services (COPS), Methamphetamine Enforcement and Clean-up Grants account to support the priority areas identified by Partnership Carson City to address meth use in the local community. As a result, Carson City was one of 78 communities nationwide asked to apply for these funds. The application was successful, and PCC was awarded \$310,987.00 for a three year grant period.

The vision of the Carson City, Nevada Meth Initiative is to reduce the methamphetamine production, distribution and use through coordinated suppression efforts, treatment services, and evidence based prevention strategies. Two of the three Carson City Sheriff's Office's COPS Administrative Goals are linked directly with the goals of this Carson City Meth Initiative:

- Implement programs designed and dedicated to bringing the department and community closer together with the primary focus on youth.
- Develop programs designed to enhance public awareness and participation.

In 2005, in direct response to the methamphetamine distribution and use related problems accelerating in their community, the Partnership Carson City (PCC) was initiated. A 12 person PCC Steering Committee led by the Mayor, District Attorney and Sheriff confronted the methamphetamine problems through the efforts of three PCC Task Forces: Suppression, Treatment and Prevention/Education. The PCC Steering Committee will ensure community participation in this Meth Initiative by directing the activities associated with accomplishing the goals of this application:

1. Through added overtime, the PCC Drug Suppression Task Force representing over six local law enforcement agencies involved in meth suppression activities, will coordinate aggressive, multi-agency meth "sweeps" in the Carson area targeting known meth producers, traffickers, and

users from their previous law enforcement contacts.

2. By hiring a fulltime Master's level counselor, the PCC Treatment Task Force will increase capacity to treat juveniles using methamphetamine or with substance abuse/family related problems placing them at risk of using methamphetamine.

3. The PCC Prevention/Education Task Force will build on past meth campaigns by adding a youth committee to develop youth focused prevention messages, while the full task force creates evidence-based media strategies to target parents and local businesses. A Neighborhood Watch and Secret Witness campaign will also be initiated.

Pre and post crime report data, treatment admission and recidivism information, Youth Risk Behavior Survey data, and community feedback will be used to measure the effectiveness of the Carson City Meth Initiative.

**Type of Action Requested:** (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve the acceptance of the acceptance of the US Department of Justice Methamphetamine Initiative Grant #2008CKWX0045 in the amount of \$310,987.

**Explanation for Recommended Board Action:** This grant award does not require a fiscal match. Although the city is the grantee, the PCC Steering Committee will oversee the expenditures, ensuring they maintain fidelity to the approved grant budget, and report to Kathie Heath, representing the Carson City Sheriff's Office as the fiscal agent.

The funds in the grant budget to Community Counseling Center (CCC) will be committed in a contract between the City and CCC, with oversight provided by the CCC Executive Director, Mary Bryan.

**Applicable Statute, Code, Policy, Rule or Regulation:** N/A

**Fiscal Impact:** There is no financial impact to the city as this is a no-match grant and includes the costs of all associated expenditures.

**Explanation of Impact:** See Above

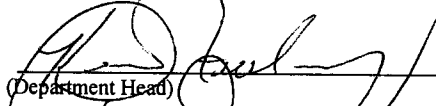
**Funding Source:** The funds for this project have been obtained through the US Department of Justice Office of Community Oriented Policing Services.

**Alternatives:** No participation in the grant.


**Supporting Material:** Project agreement, and full description of project.

Prepared By: Kathie Heath, Business Manager


Reviewed By:

  
\_\_\_\_\_  
(Department Head)


Date: 11/20/08

  
\_\_\_\_\_  
(City Manager)

Date: 11/24/08

  
\_\_\_\_\_  
(District Attorney)

Date: 11-24-08

  
\_\_\_\_\_  
(Finance Director)

Date: 11-24-08

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

Aye/Nay

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



U.S. Department of Justice

Office of Community Oriented Policing Services (COPS)

Office of the Director  
1100 Vermont Ave., NW  
Washington, DC 20530

October 3, 2008

Sheriff Ken Furlong  
Carson City, Consolidated Municipality  
911 East Musser Street  
Carson City, NV 89701

Re: Methamphetamine Initiative Grant #2008CKWX0045  
ORI#: NV036ZZ

Dear Sheriff Furlong:

Congratulations! On behalf of the Department of Justice, I am pleased to inform you that the COPS Office has approved your agency's request for funding under the COPS Methamphetamine Initiative. Enclosed in this packet is your grant award. **The award document must be signed and returned to the COPS Office within 90 days to officially accept your grant.** On the reverse side of the grant award is a list of conditions that apply to your grant. You should read and familiarize yourself with these conditions. This package also contains other important information to assist with the implementation of your grant, including your Grant Owner's Manual.

The official start date of your grant is December 26, 2007. Therefore, you can be reimbursed for approved expenditures after this date. Please carefully review your financial clearance memorandum to determine your approved budget, as some of your requested items may not have been approved by the COPS Office during the budget review process, and grant funds may only be used for approved items. Please be aware that any vendor or contractor who participated in drafting your grant application may not receive federal funding for any procurement under this award.

Within a few weeks, you will receive a PAPRS package from the Office of the Comptroller, Office of Justice Programs. This important package will contain forms and instructions necessary to begin drawing down funds for your grant.

Once again, congratulations on your Methamphetamine Initiative award. If you have any questions about your grant award, please do not hesitate to call your Grant Program Specialist through the COPS Office Response Center at 1.800.421.6770.

Sincerely,

Carl R. Peed  
Director



**U. S. Department of Justice**  
*Community Oriented Policing Services*

**Grants Administration Division (GAD)**  
**Methamphetamine Initiative**

1100 Vermont Avenue, NW  
Washington, DC 20530

**Memorandum**

**To:** Sheriff Ken Furlong  
Carson City, Consolidated Municipality

**From:** Andrew A. Dorr, Assistant Director for Grants Administration  
LaTanya Henley, Grant Program Specialist  
Budget Prepared By: Antia Noonan, Grant Program Specialist

**Re:** Methamphetamine Initiative Financial Clearance Memo  
A financial analysis of budgeted costs has been completed. Costs under this award appear reasonable, allowable, and consistent with existing guidelines. Exceptions / Adjustments are noted below.

**OJP Vendor #: 391468457**

**ORI #: NV036ZZ**

**Grant #: 2008CKWX0045**

<u>Budget Category</u>	<u>Proposed Budget</u>	<u>Approved Budget</u>	<u>Adjustments</u>	<u>Disallowed/Adjusted - Reasons/Comments</u>
Supplies	\$40,918.00	\$40,918.00	\$0.00	
Consultants/Contractors	\$240,000.00	\$240,000.00	\$0.00	
Other	\$30,069.00	\$30,069.00	\$0.00	
Direct Costs:	\$310,987.00	\$310,987.00	\$0.00	
<b>Grand Total</b>	<b>\$310,987.00</b>	<b>\$310,987.00</b>	<b>\$0.00</b>	
<b>Grand Total:</b>	<b>Federal Share:</b>	<b>\$ 310,987.00</b>		
	<b>Applicant Share:</b>	<b>\$ 0.00</b>		

**Cleared Date:** 8/20/2008

**Overall Comments:**

All costs listed in this budget were programmatically approved based on the final budget detail worksheet submitted by your agency to the COPS Office. Maintenance agreements (if applicable) must be purchased within the three year grant period. Prior to the obligation, expenditure or drawdown of grant funds for non-competitive contracts in excess of \$100,000, grantee must submit a sole source justification to the COPS Office for review and approval. Prior to the obligation, expenditure, or drawdown of grant funds for consultant fees in excess of \$550 per day when the consultant is hired through a noncompetitive bidding process, approval must be obtained from the COPS Office. If the vendor number on this form differs from the EIN number included in your application, then for administrative purposes only, we are assigning a different vendor number to your agency. The reason for this administrative change is that your original EIN number has been assigned to another agency. If this applies to your agency, please use the new vendor number on all financial documents related to this grant award. The vendor number should not be used for IRS purposes and only applies to this grant.



COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

K. Heath  
COP  
Meth Initiative  
For Partnership Carson City  
FINAL

## Change of Information Sheet

If you need to let the COPS Office know about changes or corrections, please type or print the information on this sheet and submit it to the COPS Office. In addition to the changed or corrected information, always indicate your organization's name on this sheet. *Changes of grant executives will not relieve the grantee entity of its obligations under this grant.*

Organization's Legal Name: Carson City Sheriff's Office

ORI: NV 036ZZ

Law Enforcement Executive Name (Title, First Name and Last Name)

Sheriff Ken Furlong

Address: 911 East Musser Street

City: Carson City

State: Nevada

Zip Code: 89701

Phone Number: 775 887-2020

Fax Number: 775-887-2026

E-mail: kfurlong@ci.carson-city.nv.us

Government Executive Name (Title, First Name and Last Name)

Mayor Marvin Teixeira

Address: 201 North Carson Street

City: Carson City

State: Nevada

Zip Code: 89701

Phone Number: 775-887-2100

Fax Number: 775-887-2026

E-mail: mteixeira@ci.carson-city.nv.us

Contact Name (Title, First Name and Last Name)

Sheriff Ken Furlong

Name of individual submitting this Change of Information form (Name and Title):

Kathy Bartosz, Coordinator

E-mail: kbartosz@ci.carson-city.nv.us

Date: 7/1/08

**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
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* 3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: Carson City Sheriff's Office

* b. Employer/Taxpayer Identification Number (EIN/TIN): 88-60000189	* c. Organizational DUNS: 073787152
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**d. Address:**

\* Street1: 911 East Musser Street  
Street2:  
\* City: Carson City  
County:  
\* State: Nevada  
Province:  
\* Country:  
\* Zip / Postal Code: 89701

**e. Organizational Unit:** Carson City Sheriff's Administrative Offices

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

Prefix: Ms. \* First Name: Kathlyn  
Middle Name:  
\* Last Name: Bartosz  
Suffix:

Title: Coordinator

Organizational Affiliation:  
Partnership Carson City

\* Telephone Number: (775) 887-2020 ext.44722 Fax Number: (775) 887-2026

\* Email: kbartosz@ci.carson-city.nv.us

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1:**

City Government

Type of Applicant 2:

Type of Applicant 3:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Justice, Office of Community Oriented Policing

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

COPS Methamphetamine Initiative

**\* 12. Funding Opportunity Number:**

COPS-COPSMETH-2008-1

\* Title:

COPS FY2008 Methamphetamine Initiative

**13. Competition Identification Number:**

not applicable

Title:

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

Carson City, Nevada

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

Carson City, Nevada Methamphetamine Suppression, Treatment and Prevention Initiative

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 1

\* b. Program/Project: 1

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

**17. Proposed Project:**

\* a. Start Date: 09/01/2008

\* b. End Date: 08/31/2011

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

* a. Federal	<u>310,987.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>310,987.00</u>

**\* 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 on the next page.)**

Yes  No

**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 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:**

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: \_\_\_\_\_ \* First Name: Ken

Middle Name: \_\_\_\_\_

\* Last Name: Furlong

Suffix: \_\_\_\_\_

\* Title: Sheriff, Carson City, Nevada

\* Telephone Number: (775) 887-2020

Fax Number: (775) 887-2020

\* Email: kfurlong@ci.carson-city.nv.us

\* Signature of Authorized Representative:  \* Date Signed: 6/19/08

Authorized for Local Reproduction

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

not applicable

**COPS  
Application  
Attachment  
to SF-424**

**COPS Application Attachment to SF-424****SECTION 1: COPS PROGRAM REQUEST**

Federal assistance is being requested under the following COPS program:

Select the COPS grant program for which you are requesting federal assistance. **Please DO NOT use this form to apply for multiple programs at one time. A separate application must be completed for each COPS program for which you are applying.** Please ensure that you read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

**CHECK ONE PROGRAM OPTION ONLY**

- Child Sexual Predator Program       Targeted - Methamphetamine Initiative       Universal Hiring Program  
 Community Policing Development       Targeted - Technology Program  
 Secure Our Schools       Tribal Resources Grant Program

**SECTION 2: EXECUTIVE INFORMATION**

Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.

A. Applicant ORI Number: n v 0 1 3 0 0

The ORI number is assigned by the FBI and is your agency's unique identifier. The first two letters are your state abbreviation, the next three numbers are your county's code, and the final two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant.

- Check here if your agency has not been assigned an ORI number.

**B. Law Enforcement Executive/Program Official Information:**

**For Law Enforcement Agencies:** Enter the law enforcement executive's name and contact information. This is the highest ranking law enforcement official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent). **For Non-Law Enforcement Agencies:** Enter the program official's name and contact information. If the grant is awarded, this position would be responsible for the programmatic implementation of the award. If your agency is a "start-up" this section can remain blank.

Title: Sheriff

First Name: Ken      MI:      Last Name: Furlong      Suffix:

Agency Name: Carson City Sheriff's Office

Street Address 1: 911 East Musser Street

Street Address 2:

City: Carson City Sheriff's Office      State: NV      Zip Code: 89701

Telephone: (775) 887-2020      Fax: (775) 887-2026

E-mail: kfurlong@ci.carson-city.nv.us

**Type of Agency:**

- Municipal     State     County Police Department     Sheriff     Tribal     Transit\*     School\*  
 Consortium\*     University/College\* (  Public or  Private )     Public Housing\*  
 New Start-Up\* (please specify): \_\_\_\_\_     Non-profit Organization     Profit Organization  
 Other\* (please specify): \_\_\_\_\_

\*Agency types that have an asterisk next to them and that are applying for COPS hiring grants must provide additional information. Please refer to the COPS Application Guide: "Agency Supplemental Information" section for the questions that you will need to address. Please attach this information to your application.

**C. Government Executive/Financial Official Information:**

**For Government Agencies:** Enter the government executive's name and contact information. This is the highest ranking official within your jurisdiction (e.g., Mayor, City Administrator, Tribal Chairman, or equivalent).  
**For Non-Government Agencies:** Enter the financial official's name and contact information. If the grant is awarded, this position would be responsible for the financial management of the award. Please note that information for non-executive positions (e.g., clerk, trustees, etc.) are not acceptable.

Title: Mayor

First Name: Marvin MI: Last Name: Teixeira Suffix:

Agency Name: City of Carson City

Street Address 1: 201 North Carson Street

Street Address 2:

City: Carson City State: NV Zip Code: 89701

Telephone: 775-887-2100 Fax: 775-887-2026

E-mail: mteixeira@ci.carson-city.nv.us

**Type of Government Entity:**

- State  City  Town  County  Village  Borough  Township  Territory
- Region  Council  Community  Pueblo  Tribal Nation  School District
- Not applicable. Please check here if applying as a non-government agency (e.g., non-profit agency).

## SECTION 3: GENERAL AGENCY INFORMATION

**A. General Applicant Information**

1. Cognizant Federal Agency: Department of Justice

Enter the legal applicant's Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget.

2. Fiscal Year: 7 / 1 / 2008 to 6 / 30 / 2009 (mo/day/yr)

Enter the legal applicant's fiscal year.

3. Population served as of the 2000 U.S. Census: 52,130

4. If the population served is not represented by U.S. Census figures (e.g., colleges, special agencies, school police departments, MSAs, etc.), please indicate the size of the population served:

**B. Law Enforcement Agency Information**

**1. Is your agency contracting for law enforcement services?**

*Contractual arrangements for law enforcement services are not fundable under the Universal Hiring Program.*

Yes  No

*If "yes," the Legal Name and address information listed on the SF-424 under section 8 (Applicant Information) should be for the jurisdiction that will be contracting to receive law enforcement services, and NOT the law enforcement agency that will actually provide those services. Also, be sure to enter the name and agency information of the contract law enforcement department under section 2, part B (law enforcement executive information) of this document. In all contracting arrangements, the jurisdiction that is applying for assistance is ultimately responsible for ensuring compliance with all grant requirements. For additional clarification on contracting guidelines, please see the program-specific section of the COPS Application Guide.*

**If you are a tribal law enforcement agency, instead of providing your own law enforcement services, does your tribe exclusively contract with a non-BIA local law enforcement agency for services?**

Yes  No

*If "yes," please refer to the program-specific section of the COPS Application Guide for additional eligibility information.*

**2. Population Served By Law Enforcement Agency**

**Do officers have primary law enforcement authority for the population to be served?**

Yes  No

*An agency with primary law enforcement authority is defined as the first responder to calls for service, and has ultimate and final responsibility for the prevention, detection, and/or investigation of crime within its jurisdiction.*

*If "yes," what is the actual population for which your department has primary law enforcement authority? [In other words, the 2000 Census population minus the incorporated towns and cities that have their own police departments.]* 52,130

*If "no," please explain. Include the date by which your agency anticipates having primary law enforcement authority for this population. [Please limit your response to a maximum of 250 words.]*

**3. Current Budgeted Sworn Force Strength as of the Date of This Application:**

Full-time: 98

Part-time: 0

*Enter the budgeted sworn force strength. The budgeted sworn force strength is the number of sworn officer positions your department has allocated within its budget, including state, Bureau of Indian Affairs, and locally-funded vacancies. Do not include unpaid/reserve officers, or detention staff.*

**4. Current Actual Sworn Force Strength as of the Date of This Application:**

Full-time: 96

Part-time: 0

*Enter the actual sworn force strength. The actual sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant positions or unpaid/reserve positions.*

## SECTION 4: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY

COPS Office grants must be used to reorient the mission and activities of law enforcement agencies toward the community policing philosophy or enhance their involvement in community policing. The following is the COPS Office definition of community policing that emphasizes the primary components of community partnerships, organizational transformation, and problem solving.

*Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues, such as crime, social disorder, and fear of crime.*

The COPS Office has completed the development of a comprehensive community policing self-assessment tool for use by law enforcement agencies. Based on this work, we have developed the following list of primary sub-elements of community policing. Please refer to the COPS Office web site ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)) for further information regarding these sub-elements.

### Community Partnerships:

Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to both develop solutions to problems and increase trust in police.

- Other Government Agencies
- Community Members/Groups
- Non-Profits/Service Providers
- Private Businesses
- Media

### Organizational Transformation:

The alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts.

#### Agency Management

- Climate and culture
- Leadership
- Labor relations
- Decision-making
- Strategic planning
- Policies
- Organizational evaluations
- Transparency

#### Organizational Structure

- Geographic assignment of officers
- Despecialization
- Resources and finances

#### Personnel

- Recruitment, hiring and selection
- Personnel supervision/evaluations
- Training

#### Information Systems (Technology)

- Communication/access to data
- Quality and accuracy of data

### Problem Solving:

The process of engaging in the proactive and systematic examination of identified problems to develop effective responses that are rigorously evaluated.

- Scanning: Identifying and prioritizing problems
- Analysis: Analyzing problems
- Response: Responding to problems
- Assessment: Assessing problem-solving initiatives
- Using the Crime Triangle to focus on immediate conditions (Victim/Offender/Location)



### COMMUNITY POLICING PLAN

COPS grants must be used to initiate or enhance community policing. Please complete the following questions to describe the types of community policing activities that will be initiated or enhanced as a result of COPS funding. You may find more detailed information about community policing at the COPS Office web site ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)).

#### Community Partnerships

The COPS Office is interested in determining if your organization will use the grant to assist in increasing the capacity to develop collaborative partnerships with individual and organizational stakeholders in communities to increase trust and to develop shared solutions to community problems.

If awarded funding, my organization will implement or enhance:

P1-Sharing of relevant crime and disorder information with community members.

Yes  No  Not Sure

P2-Seeking input from the community to identify and prioritize neighborhood problems.

Yes  No  Not Sure

P3-Engagment with the community in the development of responses to community problems.

Yes  No  Not Sure

P4-Collaboration with other agencies that deliver public services (e.g., parks and recreation, social services, public health, mental health, code enforcement).

Yes  No  Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance community partnerships if awarded grant funding (150 word maximum):

This application will implement strategies under the direction of the Partnership Carson City, engaged in :  
  
the suppression of methamphetamine crime through targeted enforcement "sweeps" on individuals and locations identified through previous law enforcement contact through multi-agency partnerships: Tribal Police, Parole and Probation, Alternative Sentencing, Juvenile Probation, State Narcotics and Carson City Sheriff Dept;

#### Problem Solving

The COPS Office is interested in determining if your organization will use the grant to assist in increasing the capacity to use problem solving. Problem solving is an analytical process for systematically 1) identifying and prioritizing problems, 2) analyzing problems, 3) responding to problems, and 4) evaluating problem-solving initiatives. Problem solving involves an agency-wide commitment to go beyond traditional police responses to crime to proactively address a multitude of problems that adversely affect quality of life.

If awarded funding, my organization will implement or enhance:

PS1-Integration of problem solving into patrol work.

Yes  No  Not Sure

PS2-Identification and prioritization of crime and disorder problems by examining patterns and trends involving repeat victims, offenders, and locations.

Yes  No  Not Sure

PS3-Exploring the underlying factors and conditions that contribute to crime and disorder problems.

Yes  No  Not Sure

PS4-Developing tailored responses to crime and disorder problems that address the underlying conditions that contribute to them.

Yes  No  Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance problem-solving activities if awarded grant funding (150 word maximum):

This initiative will bring together a multi-law enforcement task force- the Drug Suppression Task Force under the Partnership Carson City to share information, create MOU's and coordinate enforcement activities to maximize enforcement operation effectiveness. Additionally, the Partnership Carson City Prevention Task Force will initiate the Secret Witness and Neighborhood Watch projects to actively engage local neighborhoods and citizens in the prevention of criminal activity.

**Organizational Transformation**

The COPS Office is interested in determining if your organization will use the grant to assist in increasing the capacity to transform organizational environment, organizational structure, personnel, practices, and policies to support the community policing philosophy and community policing activities.

If awarded funding, my organization will implement or enhance:

OC1-Institutionalization of organizational changes that support the implementation of community policing strategies.

Yes  No  Not Sure

OC2-Incorporation of community policing principles into the agency's mission/vision statement and strategic plan.

Yes  No  Not Sure

OC3-Institutionalization of community policing principles into a corresponding set of policies, practices and procedures.

Yes  No  Not Sure

OC4-Institutionalization of community policing agency-wide.

Yes  No  Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance organizational alignment towards community policing if awarded grant funding (150 word maximum):

**Technology**

The COPS Office is interested in determining if your organization will use the grant to assist in increasing technological capacity to better prevent and/or respond to crime and disorder incidents.

If awarded funding, my organization will implement or enhance:

T1-Ensuring that agency staff have proper access to relevant data (e.g., calls for service, incident and arrest data, etc.).

Yes  No  Not Sure

T2-Analysis and understanding of problems in the community.

Yes  No  Not Sure

T3-Improvements to the agency's overall efficiency and effectiveness.

Yes  No  Not Sure

T4-Providing officers with necessary equipment to better prevent and/or respond to crime and disorder incidents.

Yes  No  Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance alignment of technology towards community policing if awarded grant funding (150 word maximum):

In order to track offenders through the Alternative Sentencing program, additional drug testing kits will be purchased to allow for more frequent checks on individuals with known meth use, to create the additional incentive to stay clean.

**If your organization receives this COPS grant funding, it should use your responses to these questions as your organization's community policing plan. Your organization may be audited or monitored to ensure that it is initiating or enhancing community policing in accordance with this plan.**

**We understand that your community policing needs may change during the life of your COPS grant (if awarded), and we welcome minor changes to this plan without prior approval. We also recognize that this plan may incorporate a broad range of possible community policing strategies and activities, and that your agency may implement particular community policing strategies from the plan on an as-needed basis throughout the life of the grant. If your agency's community policing plan changes significantly, however, you must submit those changes in writing to the COPS Office for approval. Changes are "significant" if they deviate from the range of possible community policing activities identified and approved in this original community policing plan submitted with your application.**

## SECTION 5: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS

### Retention for COPS Hiring Grants

This section is applicable to COPS applicants applying for sworn officer positions under the FY2008 Universal Hiring Program.

Check here if not applying under the Universal Hiring Program.

*Hiring grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position. The additional officer positions should be added to your agency's law enforcement budget with state, local, or tribal funds for at least one full local budget cycle, over and above all other locally-funded officer positions (including other school resource officers) that would have existed regardless of the grant, from the time that the thirty-six (36) months of grant funding for each COPS position expires. Absorbing COPS-funded officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement. Please be aware that if your agency has additional sworn officer hiring grants that are active when one hiring grant expires, the officer positions that were awarded under the expired grant are added to your baseline of locally-funded officer positions and must be maintained throughout the implementation of all additional hiring grants.*

*Use the space below to explain how your agency currently plans to retain any additional officer positions awarded. Please be as specific as possible about the source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. A missing or incomplete response could affect your ability to receive funding. [Please limit your response to a maximum of 250 words.]*

Not applicable for this application

## SECTION 6: NEED FOR FEDERAL ASSISTANCE

**All applicants are required to provide a brief explanation of their agency's public safety needs and an explanation of their agency's inability to implement this project and/or address these public safety needs without federal assistance.**

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance. [Please limit your response to a maximum of 250 words.]

The Partnership Carson City (PCC) was initiated in 2005 in response to the growing methamphetamine problem in Carson City. At that time, the city approved seed money for the PCC to launch an aggressive methamphetamine suppression, treatment and prevention initiative. Most recent reports indicate meth crime, treatment admissions and community awareness have improved significantly as a result of the PCC's efforts. However, due to an increase in gang activity, heroin use among youth (as meth use decreased), and prescription drug abuse on the rise, the PCC broadened their mission statement and their resources to address all of these issues. Additionally, the state of Nevada as well as Carson City is experiencing severe budget cuts as a result of significant drops in the construction and housing industry, a critical source of government funding. Therefore, the goals and objectives outlined in this proposal application would not be possible without federal funding assistance. This funding will insure that the gains achieved in the reduction of meth crime as a result of the collaboration within the community is not lost.

## SECTION 7: WAIVERS OF THE LOCAL MATCH

Please refer to the Application Guide for information on whether waivers of the local match are available under the grant program for which you are applying.

Check here if not applicable

Are you requesting a waiver of the local match based upon severe fiscal distress?

Yes  No

*If requesting a waiver, you will be required to attach a detailed waiver justification to your application. Please refer to the COPS Application Guide - "Waiver of the Local Match" section for information on what to include in your justification, as well as the program-specific portion of the Guide to review the local match requirements.*

## SECTION 8: EXECUTIVE SUMMARY

This section is applicable to COPS applicants applying under the Child Sexual Predator Program, Community Policing Development Program, Methamphetamine Initiative, Secure Our Schools, and the Technology Program.

Check here if not applicable

Please attach to your application a brief summary of how your agency will use this federal funding. Be sure to include a description of how you expect this grant to impact public safety and/or crime prevention in your community. Please refer to the COPS Application Guide for clarification on specific information to include in your summary. The Executive Summary may be used to keep Congress or other executive branch agencies informed on law enforcement strategies to deter crime in your community. [Please limit your response to a maximum of 400 words.]

## SECTION 9: PROJECT DESCRIPTION (NARRATIVE)

This section is applicable to all agencies applying for COPS programs in FY2008.

Please attach to your application an in-depth narrative response detailing your proposed project. Please refer to the program-specific section of the COPS Application Guide: "How to Apply" section for information on what should be included in your response, as well as any additional formatting requirements and page length limitations.

## CARSON CITY METH INITIATIVE EXECUTIVE SUMMARY

Agency Name: Carson City Sheriff's Office  
State: Nevada  
Point of Contact: Kathy Bartosz, (775) 887-2020 x44722  
[kbartosz@ci.carson-city.nv.us](mailto:kbartosz@ci.carson-city.nv.us)

The vision of the Carson City, Nevada Meth Initiative is to reduce the methamphetamine production, distribution and use through coordinated suppression efforts, treatment services, and evidence based prevention strategies. Two of the three Carson City Sheriff's Office's COPS Administrative Goals are linked directly with the goals of this Carson City Meth Initiative:

- Implement programs designed and dedicated to bringing the department and community closer together with the primary focus on youth.
- Develop programs designed to enhance public awareness and participation.

In 2005, in direct response to the methamphetamine distribution and use related problems accelerating in their community, the Partnership Carson City (PCC) was initiated. A 12 person PCC Steering Committee led by the Mayor, District Attorney and Sheriff confronted the methamphetamine problems through the efforts of three PCC Task Forces: Suppression, Treatment and Prevention/Education. The PCC Steering Committee will ensure community participation in this Meth Initiative by directing the activities associated with accomplishing the goals of this application:

1. Through added overtime, the PCC Drug Suppression Task Force representing over six local law enforcement agencies involved in meth suppression activities, will coordinate aggressive, multi-agency meth "sweeps" in the Carson area targeting known meth producers, traffickers, and users from their previous law enforcement contacts.
2. By hiring a fulltime Master's level counselor, the PCC Treatment Task Force will increase capacity to treat juveniles using methamphetamine or with substance abuse/family related problems placing them at risk of using methamphetamine.
3. The PCC Prevention/Education Task Force will build on past meth campaigns by adding a youth committee to develop youth focused prevention messages, while the full task force creates evidence-based media strategies to target parents and local businesses. A Neighborhood Watch and Secret Witness campaign will also be initiated.

Pre and post crime report data, treatment admission and recidivism information, Youth Risk Behavior Survey data, and community feedback will be used to measure the effectiveness of the Carson City Meth Initiative.

**PROJECT DESCRIPTION**  
**CARSON CITY, NEVADA: METHAMPHETAMINE INITIATIVE**

**A. PROBLEM IDENTIFICATION AND JUSTIFICATION**

Carson City, Nevada, is home to approximately 55,000 people. Drug and gang related crime was relatively minimal until the Mexican Nationale Drug Trafficking organizations turned the community into a "trans shipment hub" for methamphetamine distribution, according to the DEA, with connections to Stockton, Sacramento and San Francisco, California. The Tri Net Task Force, is comprised of law enforcement from three, connecting areas: Carson City, Douglas County, and Lyon County equaling less than 8% of the population of Nevada. TriNet made 159 drug arrests last year, 80% in Carson City, compared to 199 arrests by the DEA for the entire state, including TriNet's area.

The Carson City Alternative Sentencing Department (CCASD) indicates approximately 80% of their caseload involves drug crimes. Of those, 70% are methamphetamine related. Random urine tests are routinely administered by the CCASD. Last year, marijuana was the number one cause of a positive test. Methamphetamine was second, and a combination of marijuana and methamphetamine was third.

Since their creation over 23 years ago, the only non-profit treatment program in the area, Community Counseling Center (CCC), is forced to consider waiting lists. This is due to the surge of methamphetamine availability and resulting addiction, and the longer length of treatment needed for recovery from meth addiction. The most disturbing trend is among youth. The number of middle school students reporting on the Youth Risk Behavior Survey that they have ever tried meth has doubled since 2003 to 12.4%. The personality change disorders that occur along with meth use require the whole family to receive counseling when a family member is affected.

As is the case nationwide, ownership of local problems must be encouraged through education. Opportunities for engagement in solutions must be accessible, and require minimal time commitment to be successful. The methamphetamine problem is so unlike anything Carson City residents have experienced previously, everyone needs accurate information, and families, especially parents, need prevention and intervention tools. All citizens need to be part of movement to galvanize the community against methamphetamine, unlike any issue they have had to address before. A message of community empowerment, such as a social norm message, accurate information, opportunities for involvement in prevention strategies, and resources for reporting suspicious activity are needed.

**B. PROJECT GOALS AND OBJECTIVES**

The vision of the Carson City, Nevada Meth Initiative is to reduce the methamphetamine production, distribution and use through coordinated suppression efforts, treatment services, and evidence based prevention strategies. The vision will be achieved through the following goals and objectives.



**Goal One: Increase the number of methamphetamine production, distribution and use arrests in Carson City.**

Objective 1: Through the Partnership Carson City, the Drug Suppression Task Force with representatives from Carson City Sheriff's Office, State Narcotics Officers, Tribal Police, Parole and Probation, Juvenile Probation, and the Department of Alternative Sentencing will convene monthly to coordinate aggressive, multi-agency meth "sweeps" in the Carson area targeting known meth producers, traffickers, and users from previous law enforcement contacts.

Objective 2: The Carson City Alternative Sentencing Department will conduct a minimum of 230 additional random drug tests on offenders with meth-involved cases.

**Goal Two: Increase the number of individuals successfully entering and completing treatment for methamphetamine use.**

Objective 1: Increase capacity to treat juveniles using methamphetamine or with substance abuse/family related problems placing them at risk of using methamphetamine.

Objective 2: Increase capacity to diagnose and develop effective treatment and follow up plans for juveniles with co-occurring disorders currently using or at risk of using methamphetamine.

**Goal Three: Enhance and expand the Partnership Carson City's current capacity to develop and disseminate methamphetamine prevention and educational materials.**

Objective 1: Enhance and expand community empowerment projects such as "Most of Us" evidence-based social norming campaign, Neighborhood Watch, and Secret Witness.

Objective 2: Develop and disseminate methamphetamine education materials targeting parents, and businesses.

Objective 3: Engage a high school-age Youth Committee in developing educational strategies targeting younger youth to encourage healthy life styles, and healthy decisions.

### **C. COMMUNITY POLICING STRATEGIES/CRIME PREVENTION ACTIVITIES**

In the 2008 "*Business Plan- Carson City Sheriff's Office*", the Leadership vision is identified: "To lead a community oriented professional law enforcement agency, responsive to equal treatment, fairness, service and protection". Two of the three Administrative Goals are linked directly with the goals of this Carson City Meth Initiative:

- Implement programs designed and dedicated to bringing the department and community closer together with the primary focus on youth.
- Develop programs designed to enhance public awareness and participation.

In 2005 in direct response to the methamphetamine distribution and use related problems accelerating in their community, Carson City Mayor Teixeira, Sheriff Furlong and District Attorney Waters initiated Partnership Carson City (PCC). Led by a Steering Committee of 12 community-based professionals representing criminal justice, social services, treatment, education, the media, and businesses, the PCC dealt with the methamphetamine problems head on with enhanced and coordinated enforcement, additional treatment services, and an aggressive community wide education and media campaign. A Meth Hotline was set up, and citizens were encouraged to call in suspected meth related incidents. Several large meth distributors, "meth houses" and meth traffickers were apprehended by following the leads that were called in. The PCC is currently building on the success of citizen positive engagement by implementing Neighborhood Watch, as well as a community based and school based Secret Witness phone line. The Carson City Meth Initiative will capitalize on the successes of the PCC by focusing on youth at risk and their families through suppression, treatment and prevention.

#### **D. IMPLEMENTATION PLAN**

The Carson City Meth Initiative will be supervised by the Partnership Carson City (PCC) Steering Committee. The PCC has grown to include four Task Forces: Drug Suppression, Treatment, Drug Prevention, and Gang Suppression. The PCC Steering Committee and task forces all meet monthly. Although the Carson City Sheriff's Office is the grantee and holds fiscal responsibility, the PCC Steering Committee will direct the implementation of this initiative. Each of the task forces has broad community representation within their membership and were instrumental in the development of the goals and objectives of this proposal. The task forces will therefore be responsible for the development and implementation of the activities needed to achieve the project goals and objectives.

##### **GOAL One: Suppression**

The PCC Drug Suppression Task Force is made up of representatives from all local law enforcement involved in methamphetamine abatement activities: Carson City Sheriff's Office Drug Enforcement Unit, State Narcotics Office, District Attorney's Office National Drug Enforcement Agency, Tribal Police, Parole and Probation, Juvenile Probation Department, Department of Alternative Sentencing, and Nevada Department of Prisons.

Upon notification of the grant award, this task force will develop a coordinated plan to support agencies with additional overtime hours through this project to employ targeted "sweeps" on known methamphetamine offenders: traffickers (usually associated with the Mexican Nationales) and local producers and users. Individuals and locations targeted will be identified by members of the Task Force, and operations timed and employed under the immediate direction of the Carson City Sheriff's

Department. A primary area of interest will be collaboration between local law enforcement and alternative sentencing, and the Tribal reservation. This grant initiative will also support deterrent and apprehension of users by purchasing and making available drug testing kits, to increase the number of tests required to maintain meth users at risk or recidivism based on use history, and criminal activity, as identified through the Alternative Sentencing Department.

### **GOAL Two: Treatment**

As indicated in the Problem Statement, the Carson City Community Counseling Center is experiencing a shortage in counseling and intervention services for youth at risk of methamphetamine use due to a number of factors such as current drug use patterns, peer associations, and family dysfunction or family history of use. This grant will support a full time Family Therapist certified in Alcohol Tobacco and Other Drug use counseling to work specifically with these at risk youth and their families. Approximately 75 youth will be referred through the schools, and Juvenile Probation. Youth will be involved in individual sessions, small group therapy, and family counseling. As often is the case, by working through the youth, other family members such as a parent or sibling are identified as requiring intervention or treatment services as well. Residential services will be made available for youth requiring this level of care.

For youth exhibiting complex behavioral concerns, this grant will support more extensive evaluations and follow up case management by the Carson Tahoe Behavioral Health Services for 30 youth over a three year period. These evaluations will assist in diagnosing medical and psychological conditions needing medication or other more involved medical or psychiatric treatment interventions. These cases will be managed by a team including the Family Therapist and the appropriate Behavioral Health Services staff.

### **GOAL Three: Prevention Education**

The PCC Prevention Task Force successfully launched a Methamphetamine community education campaign in 2005. The campaign included power point presentations for six different audiences such as school personnel, employers, land lords and parents. Posters graphically depicting the ravaging effects of meth use were posted all over town, information inserts were disseminated in the local papers, and educational videos and curricula given to schools. The Meth Hotline received calls every week from concerned citizens, many leading ultimately to arrests. This grant will allow this task force to evaluate the success of their current materials to make improvements, and generate new materials targeting at risk populations to be identified by the task force and the PCC Steering Committee. Additionally, the task force will develop materials that will support the social norming campaign created by Nevada prevention coalitions promoting the theme "Most of Us – supporting a healthy community for All of Us." The Youth Committee component of the Prevention Task Force will develop messages around this theme for their peers, while the greater task force focuses on parents and local businesses.

PCC's goal for this three year period will also be the implementation of Neighborhood Watch and Secret Witness. Secret Witness will promote a phone number specifically for the schools, and one for the community at large.

**IMPLEMENTATION TIMELINE ("D" con't.) WITH:  
E. EVALUATION COMPONENT**

<b>ACTIVITY</b>	<b>TIME PERIOD</b>	<b>EVALUATION</b>
The PCC Prevention Task Force will initiate the Neighborhood Watch Program city-wide.	Begin <b>month #1</b> of grant, and continue adding new neighborhoods through <b>months #2 - #36</b> .	Number of Neighborhood Watch program started will be recorded
The PCC Prevention Task Force will promote the Secret Witness hotlines citywide	Begin <b>month #1</b> of grant period, and continue <b>months #2 - #36</b> .	Number of calls received by the school and community hotlines will be recorded
The Community Counseling Center will hire the Family Therapist and initiate the youth case load of 25 active clients at any one time	Family Therapist will be hired within <b>month #1</b> of grant and caseload begin <b>month #2</b> of grant. Casework will continue <b>months #3 - #36</b> .	Family Therapist will be introduced to PCC Steering Committee, and case records supervised by the Director of the CCC.
Suppression Task Force will meet to determine overtime pay recipients and coordinated "sweeps" for a three month period	Suppression Task Force will conduct initial meeting during <b>month #2</b> and meet no less than <b>quarterly</b> to plan overtime and sweeps during <b>months #3 - #36</b> .	Plan completed quarterly and provided to the Carson City Sheriff and DA. Sweep operation reports presented at the monthly PCC Steering Committee Mtg.
Alternative Sentencing will over see the administration of random drug tests	Testing will begin in <b>month #1</b> and occur throughout <b>months #2 - #36</b> the grant period	Test results recorded within the Alternative Sentencing reports.
The Prevention Task Force will assess current meth prevention materials for needed modifications, and make proposal for new or enhanced campaign	Within <b>month #2</b> of grant period assessment will be completed. By <b>month #4</b> proposal will be completed	Recommendations will be presented to the PCC Steering Committee for approval
Youth Committee will develop education approach for youth in the community	Within <b>month #3</b> of grant period	Youth committee will present plan to the PCC Steering Committee for approval
Youth requiring extensive evaluations will be referred to Carson Tahoe Behavioral Health Services.	Referrals will be initiated with first need indicated, but no later than <b>month #4</b> and continued throughout <b>months #5 - #36</b> of the grant period.	The Director of CCC will oversee referrals and maintain documentation of referral outcomes.
Prevention Task Force will create media strategies for promoting Most of Us campaign	Completed by <b>month #6</b> of grant period. Campaign will continue <b>months #7 - #36</b>	Media plan will be presented to the PCC Steering Committee for approval.
Suppression goal evaluation	<b>Months #12, #24, and #36</b>	Reduction in meth related crime compared to previous year
Treatment goal evaluation	<b>Months #12, #24, and #36</b>	Maintain less than 20% recidivism rate among clients after one year
Prevention goal evaluation	<b>Months #12, #24, and #36</b>	Improvements in Youth Risk Behavior Survey in 2007, and 2009.

## SECTION 10: BUDGET NARRATIVE

This section is applicable to COPS applicants applying under the Child Sexual Predator Program, Community Policing Development Program, Methamphetamine Initiative, Secure Our Schools, Technology Program, and the Tribal Resources Grant Program.

Check here if not applicable

In the Budget Narrative, you must attach a brief description of each item proposed for purchase, its purpose, and how the items relate to the overall project. Like items may be grouped together for ease of reporting. The structure of the Budget Narrative must mirror the structure of the Budget Detail Worksheet included in this application. In other words, each item reported in the Budget Narrative must fall under one of the following budget categories: Sworn Officer Positions, Civilian/Non-Sworn Personnel, Equipment/Technology, Other Costs, Supplies, Travel/Training, Contracts/Consultants, and Indirect Costs. For your information, a sample Budget Narrative and a sample Budget Detail Worksheet are included in the COPS Application Guide. Every item included on the Budget Detail Worksheet must be included in the Budget Narrative.

Note that allowable/unallowable costs will vary widely between different COPS grant programs and cooperative agreements. Please ensure that you refer to the program-specific portion of the COPS Application Guide - "Federal Funding: Allowable & Unallowable Costs" section for a complete list of the allowable and unallowable costs associated with the particular program for which you are applying. Including unallowable items on your application may delay the processing of your application and could ultimately result in the denial of your request.

## SECTION 11: MEMORANDUM OF UNDERSTANDING

This section is applicable to COPS applicants applying under the Child Sexual Predator Program.

Check here if not applicable

Please attach a Memorandum of Understanding (MOU) to your application that defines the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific portion of the Guide for a complete description of information pertaining to the required MOU.

## BUDGET NARRATIVE

- A. Sworn Officer Positions: none
- B. Civilian/non-sworn Personnel: none
- C. Equipment/Technology: none
- D. Other Costs: \$30,069.00

The PCC Suppression Task Force will create an overtime schedule for participating law enforcement officers to conduct "sweeps" on known methamphetamine trafficking and distribution areas, and individuals identified as users, producers, and/or distributors of methamphetamine. Officer overtime is \$39 per hour. This grant will pay for 257 overtime hours per year, over a three year period for a total of 771 hours. This is an average of 21 overtime hours per month.

### E. Supplies: \$40,918.00

Supplies: Drug testing Kits: \$11,040.00

The Alternative Sentencing and Juvenile Probation Departments will require approximately 690 tests over the three year period (230 per year) to adequately monitor meth users on their case load.

Meth Educational Pamphlet: \$15,000.00

Approximately 10,000 pamphlets per year for a total of 30,000 over the three year period will be budgeted for. Base on past year figures, the pamphlets are about \$.50 each.

Meth social norm campaign: \$3,940.00

During the first year of the grant, the "Most of Us" campaign will be supported by this project by purchasing three additional newspaper ads at \$300/each for \$900.00; 3000 promotional items averaging .50/each for \$1,500.00; poster design layout \$140.00, and 1000 posters at \$1.60/each for a total of \$1,600.00.

Neighborhood watch signs: \$3,000.00

Neighborhood Watch signs are currently costing about \$30 each. 100 signs will be purchased for posting in designated communities.

Neighborhood Watch Promotional Ads: \$900.00

At the beginning of each grant year for a three year period, a newspaper ad will appear promoting the project. Each ad costs \$300.00

Secret Witness Promotional Items: \$4,878.00

Secret Witness promotional items include chip clips - .50/ea; magnet picture frames for the school line- \$1.50/each; and key chains -.50/each. A variety of these items will be purchased and distributed within the amount identified.

PCC Office supplies: \$2,160.00

Office supplies to support this project will be calculated at \$60 per month for the 36 month period, including copying, computer supplies, and faxing costs.

F. Travel/Training: 0

G. Contracts/Consultants: \$240,000.00

One sub-contract in the amount of \$240,000.00 will be awarded to the Community Counseling Center to implement the treatment goals of this application. For \$225,000.00, the CCC will hire one fulltime Master's level counselor to work with juveniles substance abuse clients using methamphetamine or at risk of methamphetamine use. The counselors' salary and related expenses are identified in the following table:

POSITION RELATED ITEM	COST/CALCULATION
Base Salary	\$68,106.00
FICA (7.65%)	\$5,212.00
Workmens comp (.97%)	\$660.00
Unemployment (1.5%)	\$1,022.00
<b>TOTAL</b>	<b>\$75,000.00 x 3 years= \$225,000.00</b>

The CCC will also receive \$15,000.00 to purchase psychological/psychiatric evaluations for youth exhibiting severe behavioral disorders, to assist in treatment plan development and follow up plan development. The Carson Tahoe Behavioral Health Services will provide evaluations for \$300 per juvenile, and follow up plans for \$200 per juvenile. This is \$500/per juvenile, for a total of 30 clients during the three year grant period.

H. Indirect Costs: 0

## SECTION 12: OFFICIAL PARTNER(S) CONTACT INFORMATION

Check here if not applicable

An official "partner" under the grant may be a governmental or private entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. **Please refer to the Application Guide for a complete description of partnership requirements under the grant program for which you are applying.**

*Please attach additional partner information pages to your application, if necessary.*

Title: .....			
First Name: .....	MI: .....	Last Name: .....	Suffix: .....
Name of Partner Agency (e.g., School District): .....			
Type of Partner Agency (e.g., School District): .....			
Street Address 1: .....			
Street Address 2: .....			
City: .....	State: .....	Zip Code: .....	
Telephone: .....	Fax: .....		
E-mail: .....			

Title: .....			
First Name: .....	MI: .....	Last Name: .....	Suffix: .....
Name of Partner Agency (e.g., School District): .....			
Type of Partner Agency (e.g., School District): .....			
Street Address 1: .....			
Street Address 2: .....			
City: .....	State: .....	Zip Code: .....	
Telephone: .....	Fax: .....		
E-mail: .....			



Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
E-mail:			

## SECTION 13: INCIDENT DATA

Incident data is required for the Secure Our Schools grant program. The data reported should cover the time period of September 1, 2006 to August 31, 2007, and should only include incidents that took place in and around the partnering schools. Please refer to the program guide for specific information and instructions regarding the data required for this submission.

Check here if not applicable.

Type of Incident	# of Incidents Reported
Homicide	
Sexual Offenses	
Aggravated/Major Assaults—for example, an attack with hands, fist, feet, or weapons on an individual.	
Simple/Minor Assaults—stalking, intimidation/bullying/coercion, etc.	
Thefts (Includes Reports of Stolen Property)	
Possession/Sale of Illegal Weapons	
Vandalism/Destruction of Property	
Alcohol-Related Offenses	
Possession, Use or Sale of Drugs	
Disorderly Conduct	

School Data	Totals
Truancy	
Detentions	
Suspensions	
Expulsions	
Threats to School Property	
# of Schools Involved in Project	
Total Student Population for Involved Schools	

## SECTION 14: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

*Certification of Review of 28 C.F.R. Part 23/Criminal Intelligence Systems*

You must answer this question regardless of the type of COPS grant for which you are applying. Please review the COPS Application Guide: Legal Requirements Section for additional information.

Please check one of the following, as applicable to your agency's intended use of this grant:

- No, my agency will not use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system.
- Yes, my agency will use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system. By signing below, we assure that our agency will comply with the requirements of 28 C.F.R. Part 23.

The signatures of the Law Enforcement Executive/Program Official and Government Executive/Financial Official, and any applicable program partners on the Certification of Review and Representation of Compliance with Requirements:

- 1) Assures the COPS Office that the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; AND
- 2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

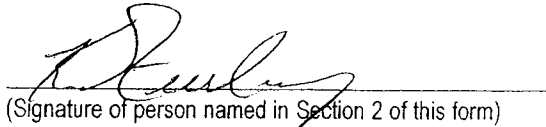
*The signatures on the reverse side of this page must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date may not be considered for funding.*

*Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.*

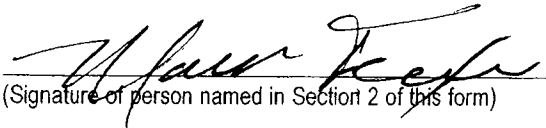
Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a COPS Office compliance investigation concerning a current grant award.

By signing on the reverse side of this page, I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

**Law Enforcement Executive/Program Official's Signature:**

 Date: 6/19/08  
(Signature of person named in Section 2 of this form)

**Government Executive/Financial Official's Signature:**

 Date: \_\_\_\_\_  
(Signature of person named in Section 2 of this form)

**Official Partner(s) Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person(s) named in Section 12 of this form, if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person(s) named in Section 12 of this form, if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person(s) named in Section 12 of this form, if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person(s) named in Section 12 of this form, if applicable)

## SECTION 15: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at (800) 421-6770.

By the applicant's authorized representative's signature, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
2. It will comply with the provisions of federal law, which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70 (governing administrative requirements for grants and cooperative agreements); 2 CFR Part 225 (OMB Circular A-87); 2 CFR 220 (OMB Circular A-21); 2 CFR Part 230 (OMB Circular A-122) and 48 CFR Part 31.000, et seq. (FAR 31.2) (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the current edition of the COPS Grant Monitoring Standards and Guidelines; the applicable COPS Grant Owners Manuals; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. If applicable, it will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.
- A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
- B. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEOP") or EEOP short form (if grantee is required to submit an EEOP under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEOP Certification. (Grantees of less than \$25,000 are not subject to the EEOP requirement.)
9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.

11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.

12. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.

14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.


16. If the awarded grant contains a retention requirement, it will retain the increased officer staffing level and/or the increased officer redeployment level, as applicable, with state or local funds for a minimum of one full local budget cycle following expiration of the grant period.

17. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-Lobby Act, 18 U.S.C. 1913.

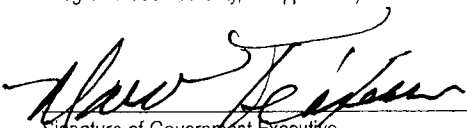
False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

  
\_\_\_\_\_  
Signature of Law Enforcement Executive (or Official with Programmatic Authority, as applicable)

6/19/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Government Executive  
(or Official with Financial Authority, as applicable)

\_\_\_\_\_  
Date

## SECTION 16: CERTIFICATIONS

### Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 28 CFR Part 67, "Government-Wide Debarment and Suspension (Nonprocurement)," 28 CFR Part 83 Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

#### 1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Part 2867, Section 2867.437 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) or private agreement or transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility.

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantees, as defined at 28 CFR Part 83, Sections 83 and 83.510 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -



- (a) The dangers of drug abuse in the workplace;
- (b) The grantee's policy of maintaining a drug-free workplace;
- (c) Any available drug counseling, rehabilitation and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant.
  - (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -

- (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;
- (vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

\_\_\_\_\_

\_\_\_\_\_

Check  if there are workplaces on file that are not identified here.

4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

Grantee Agency Name and Address: Carson City Sheriff's Office; 911 East musser Street; Carson City, Nevada 8971

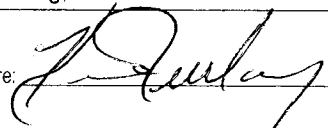
Grantee IRS/ Vendor Number: 88-6000018

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

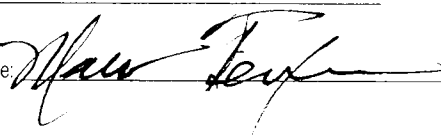
I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Typed Name and Title of Law Enforcement Executive (or Official with Programmatic Authority, as applicable):  
Ken Furlong, Sheriff

x Signature:  Date: 7/2/08

Typed Name and Title of Government Executive (or Official with Financial Authority, as applicable):  
Marvin Teixeira, Mayor

Signature:  Date: \_\_\_\_\_

# **Disclosure of Lobbying Activities**

# Disclosure of Lobbying Activities

## Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

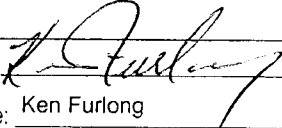
1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFPD E-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.*

# Disclosure of Lobbying Activities

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

NOT APPLICABLE

<p><b>1. Type of Federal Action:</b> _____</p> <p>a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p>	<p><b>2. Status of Federal Action:</b> _____</p> <p>a. bid/offer/application b. initial award c. post-award</p> <p><b>3. Report Type:</b> _____</p>	<p>a. initial filing b. material change</p> <p><i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report _____</p>
<p><b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:</p> <p>Congressional District (number), if known: _____</p>		<p><b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b> Congressional District (number), if known: _____</p>
<p><b>6. Federal Department/Agency:</b></p>	<p><b>7. Federal Program Name/Description:</b> CFDANumber, if applicable: _____</p>	
<p><b>8. Federal Action Number, if known:</b></p>	<p><b>9. Award Amount, if known:</b></p> <p>\$ _____</p>	
<p><b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i></p>	<p><b>10. b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i></p>	
<p>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 this 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.</p>	<p>Signature: </p> <p>Print Name: Ken Furlong</p> <p>Title: Sheriff, Carson City</p> <p>Telephone No.: 775-887-2020 Date: 7/2/08</p>	
<p>Federal Use Only:</p>	<p>Authorized for Local Reproduction, Standard Form - LLL</p>	

# **Budget Detail Worksheets**

Applicant Legal Name: Carson City Sheriff's Office

**A. SWORN OFFICER POSITIONS No Sworn Officer Positions Requested**

**Instructions:** For COPS programs which fund sworn officer positions, you may apply for entry-level salaries and benefits of newly-hired, additional sworn law enforcement officers. Please refer to the Application Guide for information on the length of the grant term for the specific program under which you are applying.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (e.g., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions. Part-time officer positions will not be funded.

**Officer Positions Requested:**

**Full-time Officer Positions Requested:** \_\_\_\_\_

*Enter the number of new, entry-level full-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.*

**A. SWORN OFFICER POSITIONS**

**Part 1: Full-Time Sworn Officer Information**

A. Total Entry-Level Base Salary for One Position \$       .00 x     Years = \$       .00

Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.

**B. FRINGE BENEFITS:      COST:              % OF BASE:              ADDITIONAL INFORMATION:**

**Social Security**              \$       .00                    %              Exempt:               Fixed Rate:   
*Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Sworn Officer Position Budget Summary" on page 45.*

**Medicare**                      \$       .00                    %              Exempt:               Fixed Rate:   
*Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.*

**Health Insurance**              \$       .00                    %              Family Plan:               Fixed Rate:   
*Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.*

**Life Insurance**              \$       .00                    %

**Vacation**                      \$       .00                    %              Number of Hours Annually:       

**Sick Leave**                      \$       .00                    %              Number of Hours Annually:       

**Retirement**                      \$       .00                    %              Fixed Rate:   
*Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.*

**Worker's Compensation**              \$       .00                    %              Exempt:               Fixed Rate:   
*Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.*

**Unemployment Insurance**              \$       .00                    %              Exempt:               Fixed Rate:   
*Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.*

**Other**                     \$       .00                    %              Describe:       

**Other**                     \$       .00                    %              Describe:       

**Other**                     \$       .00                    %              Describe:       

Total Benefits (1 Position) = \$       

C. Total Salary \$        + Total Benefits \$        x     # of Positions = \$         
Part A              (One Position)              Part B              (One Position)              Transfer to Budget Summary Line 1

**Part 2: Sworn Officer Position Budget Summary (all applicants requesting officer positions must complete this section)**

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

**1. If your agency's second and/or third-year costs for salaries and/or fringe benefits increase after the first year, check the reason(s) why in the space below:**

Cost of living adjustment (COLA)                       Step raises                       Change in benefit costs

Other - please explain briefly: \_\_\_\_\_

**2. If an explanation is required for any of the following categories, please provide in the space below:**

**1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Worker's Compensation, and 6) Unemployment Insurance**

1) Social Security: \_\_\_\_\_

2) Medicare: \_\_\_\_\_

3) Health Insurance: \_\_\_\_\_

4) Retirement: \_\_\_\_\_

5) Worker's Compensation: \_\_\_\_\_

6) Unemployment Insurance: \_\_\_\_\_



**B. CIVILIAN/NON-SWORN PERSONNEL** No Civilian/Non-Sworn Personnel Positions Requested

**Instructions:** Each position must be listed and computed separately. If additional space is necessary, please make copies of this table and attach them to your application.

<b>Part 1: Total Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel</b>			
<b>A. POSITION TITLE:</b> _____			
Base Salary Computation: (\$ _____ X _____) X _____ = \$ _____ .00 (Base Salary Subtotal)			
(Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project			
<b>Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.</b>			
B. FRINGE BENEFITS:	COST:	% OF BASE:	ADDITIONAL INFORMATION:
<b>Social Security</b>	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
<b>Medicare</b>	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
<b>Health Insurance</b>	\$ _____ .00	_____ %	Family Plan: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
<b>Life Insurance</b>	\$ _____ .00	_____ %	
<b>Vacation</b>	\$ _____ .00	_____ %	Number of Hours Annually: _____
<b>Sick Leave</b>	\$ _____ .00	_____ %	Number of Hours Annually: _____
<b>Retirement</b>	\$ _____ .00	_____ %	Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
<b>Worker's Compensation</b>	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
<b>Unemployment Insurance</b>	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.</i>			
Other _____	\$ _____ .00	_____ %	Describe: _____
Other _____	\$ _____ .00	_____ %	Describe: _____
Other _____	\$ _____ .00	_____ %	Describe: _____
<b>Benefits Subtotal (1 Position):</b> \$ _____			
<b>C. Total Salary</b> \$ _____ + <b>Total Benefits</b> \$ _____ = \$ _____			
<b>Part A</b>	(One Position)	<b>Part B</b>	(One Position) Please be sure to complete Part D on page 49.

Please include a detailed position description for all positions listed in the Budget Narrative.

**Total Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**

**A. POSITION TITLE:** \_\_\_\_\_

Base Salary Computation: (\$ \_\_\_\_\_ X \_\_\_\_\_) X \_\_\_\_\_ = \$ \_\_\_\_\_ .00 (Base Salary Subtotal)  
 (Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project

**Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.**

**B. FRINGE BENEFITS:      COST:      % OF BASE:      ADDITIONAL INFORMATION:**

**Social Security**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Exempt:       Fixed Rate:   
 Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Medicare**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Exempt:       Fixed Rate:   
 Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Health Insurance**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Family Plan:       Fixed Rate:   
 Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Life Insurance**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %

**Vacation**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Number of Hours Annually: \_\_\_\_\_

**Sick Leave**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Number of Hours Annually: \_\_\_\_\_

**Retirement**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Fixed Rate:   
 Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Worker's Compensation**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Exempt:       Fixed Rate:   
 Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Unemployment Insurance**      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Exempt:       Fixed Rate:   
 Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.

**Other** \_\_\_\_\_      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Describe: \_\_\_\_\_

**Other** \_\_\_\_\_      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Describe: \_\_\_\_\_

**Other** \_\_\_\_\_      \$ \_\_\_\_\_ .00      \_\_\_\_\_ %      Describe: \_\_\_\_\_

**Benefits Subtotal (1 Position):** \$ \_\_\_\_\_

**C. Total Salary** \$ \_\_\_\_\_ + **Total Benefits** \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Part A (One Position)      Part B (One Position)      Please be sure to complete Part D.

**D. Civilian/Non-Sworn Personnel Total:** \$ \_\_\_\_\_  
 Add together all Subtotals per position. Transfer Total Civilian/Non-Sworn Personnel Cost to Budget Summary Line 2.

Please include a detailed position description for all positions listed in the Budget Narrative.

**Part 2: Civilian/Non-Sworn Personnel Budget Summary (all applicants requesting civilian/non-sworn positions must complete this section)**

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

**1. If your agency's second and/or third-year costs for salaries and/or fringe benefits increase after the first year, check the reason(s) why in the space below:**

Cost of living adjustment (COLA)       Step raises       Change in benefit costs

Other - please explain briefly:

**2. If an explanation is required for any of the following categories, please provide in the space below:  
1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Worker's Compensation, and  
6) Unemployment Insurance**

1) Social Security: \_\_\_\_\_

2) Medicare: \_\_\_\_\_

3) Health Insurance: \_\_\_\_\_

4) Retirement: \_\_\_\_\_

5) Worker's Compensation: \_\_\_\_\_

6) Unemployment Insurance: \_\_\_\_\_

**C. EQUIPMENT/TECHNOLOGY**

**No Equipment/Technology Requested**

**Instructions:** List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-161), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

**For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.**

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
<b>Equipment/Technology Total:</b>		\$ _____ Transfer to Budget Summary Line 3

*Please include a detailed description for all items listed in the Budget Narrative*

**D. OTHER COSTS**

**No Other Costs Requested**

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions and/or civilian positions if allowable under the program for which you are applying.

Pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-161), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Officer overtime, \$39/hour/771 hrs. <input checked="" type="checkbox"/>	( 771 X 39.00 )	\$ 30,069.00
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
<b>Other Cost Total:</b>		<b>\$ 30,069.00</b>
		Transfer to Budget Summary Line 4

*Please include a detailed description for all items listed in the Budget Narrative*

**E. SUPPLIES**

**No Supplies Requested**

**Instructions:** List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Drug Testing Kits	( 690 X 16.00 )	\$ 11,040.00
Meth education pamphlets	( 30000 X 0.50 )	\$ 15,000.00
PCC office monthly supplies/\$60	( 36 X 60.00 )	\$ 2,160.00
Neighborhood Watch signs	( 100 X 30.00 )	\$ 3,000.00
Neighborhood Watch promo ads	( 3 X 300.00 )	\$ 900.00
Secret Witness promotional items	( 1 X 4878 )	\$ 4,878.00
"Most of Us" newspaper ads	( 3 X 300 )	\$ 900.00
"Most of Us" promo items	( 3000 X 0.50 )	\$ 1,500.00
"Most of Us" poster lay out design	( 1 X 140.00 )	\$ 140.00
"Most of Us" posters	( 1000 X 1.60 )	\$ 1,600.00
	( X )	\$
	( X )	\$
<b>Supplies Total:</b>		<b>\$ 40,918.00</b> Transfer to Budget Summary Line 5

*Please include a detailed description for all items listed in the Budget Narrative*

**F. TRAVEL/TRAINING**

**No Travel/Training Requested**

**Instructions:** Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs").

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/Training & Location of Travel/Training	Travel/Training Item	Computation (# of Staff X Unit Cost X # of Days/Trips/Events)	Per Item Subtotal
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
<b>Travel/Training Total:</b>			\$ _____ Transfer to Budget Summary Line 6

*Please include a detailed description and justification for travel listed in the Budget Narrative*

**G. CONTRACTS/CONSULTANTS**      **No Contracts/Consultants Costs Requested**

**Instructions:** See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source procurements of equipment, technology, or services in excess of \$100,000 must be submitted to the COPS Office for prior approval.

Contract Description	Per Contract Subtotal
Community Counseling Center counselor base salary (\$68,106.00) x3 years	\$ 204,318.00
counselor FICA (7.65%) (\$5,212.00) x 3 years	\$ 15,636.00
counselor workmen's comp (.97%) (\$660.00) x 3 years	\$ 1,980.00
counselor unemployment (1.5%) (\$1,022.00) x 3 years	\$ 3,066.00
<b>Contracts Subtotal:</b>	\$ 225,000.00 (G1)

**Consultant Fees:** For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of \$550 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation ( Cost X # Days or # Hours)	Per Consultant Fee Subtotal
CT Behavioral Health	initial evaluations	( 300.00 X 30 )	\$ 9,000.00
CT Behavioral Health	follow up plans	( 200.00 X 30 )	\$ 6,000.00
		( _____ X _____ )	\$
<b>Consultant Fees Subtotal:</b>			\$ 15,000.00 (G2)

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation ( Cost X # Days)	Per Consultant Expenses Subtotal
		( _____ X _____ )	\$
		( _____ X _____ )	\$
		( _____ X _____ )	\$
		( _____ X _____ )	\$
<b>Consultant Expenses Subtotal:</b>			\$ (G3)

<b>Contracts/Consultants Total:</b>	\$ 240,000.00
Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)	Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative



**H. INDIRECT COSTS**

**No Indirect Costs Requested**

**Instructions:** Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

*If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.*

Indirect Cost Description	Computation	Per Indirect Cost Subtotal
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Indirect Costs Total:</b>		<b>\$ _____</b> Transfer to Budget Summary Line 8

**BUDGET SUMMARY**

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ <u>0</u> .00	1
B.	Civilian/Non-Sworn Personnel	\$ <u>0</u> .00	2
C.	Equipment/Technology	\$ <u>0</u> .00	3
D.	Other Costs	\$ <u>30,069</u> .00	4
E.	Supplies	\$ <u>40,918</u> .00	5
F.	Travel/Training	\$ <u>0</u> .00	6
G.	Contracts/Consultants	\$ <u>240,000</u> .00	7
H.	Indirect Costs	\$ <u>0</u> .00	8
<b>Total Project Amount:</b>		\$ <u>310,987</u> .00	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>310,987</u> .00	
<b>Total Local Share Amount (If applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ <u>0</u> .00	

**Contact Information for Budget Questions**

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Kathy Bartosz

Title: PCC Coordinator

Phone: (775) 887-2020 x44722

Fax: (775) 887-2026

E-mail Address: kbartosz@ci.carson-city.nv.us

## SOLE SOURCE JUSTIFICATION

### Section 1 – Project Description

This "Sole Source Justification" supports services included in the FY2008 COPS METH Initiative. The sole source provider requested is the Community Counseling Center (CCC) in Carson City, Nevada. CCC is the only non-profit substance abuse treatment agency in the community, serving juvenile and adult clients. The CCC has expertise in treating methamphetamine addicts, many of whom do not have the ability to pay for services from for-profit and/or private treatment providers. Through a contract paid by this initiative, CCC will hire a full time counselor to care a full caseload treating juveniles using methamphetamine, or at risk of using methamphetamine as indicated by current drug use exacerbated by family/peer influences. The counselor will serve approximately 50 to 75 youth during the three year grant period. Cost for a fulltime licensed, master's level counselor is \$75,000.00 per year, for a total of \$225,000.00 for the three year grant period. Private and for -profit facilities pay significantly more for the same position.

An additional \$15,000.00 will be awarded to CCC to pay for psychological evaluations and follow up planning for 30 youth during the 3 year grant period. These evaluations will assist in appropriate case management plans for youth exhibiting co-occurring disorders further complicating their substance abuse treatment. The evaluations will be provided by Carson Behavioral Mental Health Services through their non-profit service rate agreement with CCC which is a significant savings for this grant. The total contract to CCC will be \$240,000.00 for the grant period.

### Section 2 – Identified Circumstances

"The item/service is available from only one source".

As indicated above, CCC is the only non profit provider in Carson City for substance abuse treatment services, and is trained in recovery strategies for methamphetamine users, specifically juveniles. All other providers are private, for-profit, and do not specialize in methamphetamine treatment.

### Section 3- Declaration

The selection of Community Counseling Center is in the best interest of the intent of the COPS Meth Initiative, and the Carson City Sheriff's Department. CCC is the most cost effective, while at the same time having a history of quality substance abuse treatment.