LAW ENFORCEMENT TRAINING AWARD PACKETS

INSTRUCTIONS FOR ACTIVATING YOUR SUBGRANT AWARD

This **Law Enforcement Training Sub-grant Award package** consists of six (6) separate documents. These documents include:

1. Sub-grant Award
2. Special Conditions
3. Sub-grant Adjustment Request #1
4. Designation of Grant Officials Form
5. Reimbursement Selection Form

Below are instructions for completing each of these documents.

Document #1: Sub-grant Award

This document constitutes the operative document obligating and reserving State funds for use by the Grantee in executing the project covered by the Sub-grant Award.

In order to execute the document, the Sub-grantee must do the following:

- enter the name of the **Authorized Official (this person must be the chairperson of the county Board of Commissioners or Mayor**
- have the **Authorized Official** sign and date this document; and
- make a copy of the Sub-grant Award for your project file and return the **signed original** to the Criminal Justice Coordinating Council (CJCC).

Document #2: Special Conditions

The Special Conditions are the "strings" attached to the Sub-grant Award. By signing these conditions, the Sub-grantee is agreeing to comply with each requirement imposed upon the Sub-grant by CJCC. In order to execute this document, the Sub-grantee must do the following:

- carefully review each condition listed on this document;
- **have the Project Director initial the space provided after each special condition;**
- indicate the name and title of the **Authorized Official** executing the document;
- have the **Authorized Official** sign and date this document; and
- make a copy of the Special Conditions for your project file and return the **signed original** to CJCC.

Document #3: Sub-grant adjustment request #1

This document is a "turnaround" document and should be utilized to establish the project budget as well as to request any changes to the project throughout the grant year. **In order to activate your sub-grant, this document must be completed.** The Sub-grant Adjustment Request document must be completed (with **"no changes"** indicated in section IV) and **signed by the Authorized Official**. All documents must be returned to CJCC in order for the Award Package to be accepted and the budget approved. Instructions for completing the adjustment request form are as follows:

- enter the date the request is being made;
- indicate the "Nature of Adjustment" then go to the particular section listed (Section I);
- review the amounts by budget category, listed under the column "Current Approved," as these are the budget amounts currently approved for the project;
- enter any revisions (if none, then enter $0) in the column "Revisions+/-" (negative adjustments should be denoted by either () or <>);
- add or subtract the revisions from the current approved amounts, then enter the revised amounts in the column "Revised Budget";
- if any project officials have changed since the application, complete Section III;
- have the appropriate official sign and date the request;
- make a copy of the adjustment request for your project file; and

When CJCC receives this request, it will be reviewed and authorized for further processing. If approved, the requested revisions will be made, and the Sub-grantee will be sent the next Sub-grant Adjustment Request form showing the requested revisions

***Please Note: SAR's are not accepted during the 1st quarter. SAR's will be processed from Oct 1- May 31**

Document #4: Designation of Grant Officials Form

Please complete the Designation of Grant Officials form as explained below.

- **PROJECT DIRECTOR NAME**: Enter the name and applicable data of the **Project Director**. This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.

- **FINANCIAL OFFICER**: Enter the name and applicable data of the **Financial Officer**. This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer or comptroller or the Board Treasurer of the non-profit agency.

- **AUTHORIZED OFFICIAL**: Enter the name and applicable data of the **Authorized Official**. This person is the official who is authorized to apply for, accept, decline, or cancel the grant for the applicant agency. **This person must be the chairperson of the county Board of Commissioners or Mayor.** All official correspondence regarding the grant award (sub-grant expenditure reports) **must** be signed by the authorized official. Once an award has been made, **the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to the Council.**

***This document acknowledges key officials within your agency related to the funded project. No two officials should be the same person.**

Document #5: Reimbursement Selection Form

This form is used to indicate the frequency of reimbursement requests and how sub-grant payments will be made.

- Check the applicable reimbursement schedule, monthly or quarterly.

- Check the applicable process for receiving reimbursement payments:

    - "Electronic Funds Transfer" box if you prefer to receive payments by direct deposit, complete the requested information, ***attach a voided check to the form***, and have the **Authorized Official** sign where indicated.

OR

    - Check the "Check" box if you prefer a mailed check, complete the requested information, and have the **Authorized Official** sign where indicated.

REFERENCE NO.: 01

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

SUBGRANT AWARD

UBGRANTEE: Habersham County Board of Commissioners

MPLEMENTING AGENCY: Habersham County

ROJECT NAME: Law Enforcement Training

UBGRANT NUMBER: K77-8-037

FEDERAL FUNDS: $ 100,000
MATCHING FUNDS: $ 0
TOTAL FUNDS: $ 100,000
GRANT PERIOD: 10/01/22-10/31/23

his award is made under the State of Georgia Law Enforcement Training Program rant. The purpose is to provide a law enforcement training grant program for state d local law enforcement agencies. The program is designed to grant funds on a mpetitive basis to qualified state and local law enforcement agencies to support cenario-based, hands-on training for law enforcement officers in use of force or e-escalation. This grant program is subject to the administrative rules established the Criminal Justice Coordinating Council.

he award is made in accordance with the plan set forth in the application of the ubgrantee and subject to any attached special conditions.The Subgrantee has agreed hrough the executed copy of certified assurances to be subject to all applicable ules, regulations, and conditions. This Subgrant shall become effective on the eginning date of the grant period, provided that within forty-five (45) days of the ward execution date (below) the properly executed original of this "Subgrant Award" e returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

Jay Neal

Jay Neal, Director
Criminal Justice Coordinating Council

Date Executed: 10/01/22

SUBGRANTEE APPROVAL

Signature of Authorized Official — Date 11/22/22

Bruce Palmer, Habersham BOC Chairman
Typed Name & Title of Authorized Official

58-6001495-001
Employer Tax Identification Number (EIN)

****

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	10/01/22	9		**	K77-8-037
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Law Enforcement Training	624.41	$ 100,000

CRIMINAL JUSTICE COORDINATING COUNCIL
FY23 LAW ENFORCEMENT TRAINING GRANT PROGRAM
SPECIAL CONDITIONS

1. Non-compliance with any of the special conditions contained within this document, may result in the termination of this.

Initials _____

2. The grantee agrees to comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) when using grant funds for the purpose of hosting or attending any conferences, meetings, trainings, and other events, including the provision of food and/or beverages, and costs of attendance at such events.

Initials _____

3. The grantee must collect, maintain, and submit data to CJCC that measures the performance and effectiveness of activities under this award in the manner, and within the timeframes specified by CJCC.

Initials _____

4. The grantee understands and agrees that CJCC may withhold award funds or may impose other related requirements if the grantee does not satisfactorily and promptly address outstanding issues from audits required by the State of Georgia, or other outstanding issues that arise in connection with audits, investigations, or reviews of CJCC awards.

Initials _____

5. The grantee agrees to comply with CJCC grant monitoring guidelines, protocols, and procedures, and to cooperate with CJCC on all grant monitoring requests, including requests related to desk reviews and/or site visits. The recipient agrees to provide to CJCC all documentation necessary to complete monitoring tasks. Further, the grantee agrees to abide by reasonable deadlines set by CJCC for providing requested documents. Failure to cooperate with CJCC's grant monitoring activities may result in sanctions affecting the grantee's grant awards, including, but not limited to: withholdings and/or other restrictions, designation of the grantee as a High Risk Grantee, or termination of an award(s).

Initials _____

6. The recipient agrees to cooperate with any assessments, evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this project.

Initials _____

7. The grantee agrees to comply with any additional requirements that may be imposed by CJCC during the during the period of performance for this award if the grantee is designated as a "High Risk Grantee."

Initials _____

8. The grantee agrees to inform CJCC at least 45 days prior to any training, conference, or meeting for prior approval when using grant funding.

Initials _____

9. The recipient shall transmit to CJCC copies of all official award-related press releases at least fifteen (15) working days prior to public release. Advance notice permits time for coordination of release of information by CJCC where appropriate and to respond to press or public inquiries.

Initials _____

10. Award recipients must provide to CJCC, using the Designation of Grant Official Form, the Point of Contact (POC), Financial Point of Contact (FPOC), and Authorized Representative contact information, including telephone number and e-mail address. If any information or has changes during the award period, a Subgrant Adjustment Request (SAR) must be submitted in writing to document changes.

Initials _____

11. The grantee agrees to track, account for, and report on all funds from this award separately from all other funds. Accordingly, the accounting systems of the grantee must ensure that funds from this award are not comingled with funds from any other source. The grantee further agrees that all personnel whose activities are to be charged to the award will maintain timesheets to document hours worked for activities related to this award and non-award related activities.

Initials _____

12. All grantees must have written policies and procedures which govern the fiscal management of grant funds.

Initials _____

13. The grantee certifies that 1) title to all equipment and/or supplies purchased with funds under this grant award shall vest in the agency that purchased the property; 2) equipment and/or supplies will be maintained in accordance with established local or state procedures as long as the equipment and/or supplies are used for program-related purposes; and 3) once the equipment is no longer utilized for its grant-funded purpose, the grantee will notify CJCC of the available equipment and determine its future use to assure it is utilized in furtherance of the goals and objectives of the grant program and the State of Georgia

Initials _____

14. The grantee certifies that grant funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. Grant funds must be used to supplement existing funds for program activities and not replace funds appropriated for the same purpose. Potential supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

Initials _____

15. The grantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures. The project budget and summary will not be established, or officially approved, until the grantee receives a written approval notice from the CJCC. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the CJCC.

Initials _____

16. The grantee must submit subsequent requests to revise the budget, project summary, and project plan prior to implementing any substantial changes, but no later than 60 days prior to the end of the subgrant period.

Initials _____

17. All project costs not exclusively allocated within the approved budget must be requested and approved via the Subgrant Adjust Request (SAR) process prior to any funds being expended.

Initials _____

18. The grantee agrees to submit requests for reimbursement on either a monthly or quarterly basis, as selected by the grantee at the time of award. Subgrant Expenditure Reports are due 15 days after the end of the month (if reporting monthly) or 30 days after the end of the quarter (if reporting quarterly).

Initials _____

19. All contracts under this award should be competitively awarded unless circumstances preclude competition. The grantee agrees to comply with their governing body's procurement policies. Should the grantee not have procurement policies in place, the grantee agrees to comply with the procurement policies of the state which can be found at http://doas.ga.gov/state-purchasing/law-administrative-rules-and-policies

Initials _____

20. The recipient understands and agrees that misuse of award funds may result in a range of penalties, including suspension or debarment from state grants, termination of this grant award coupled with recoupment of monies provided under an award, and civil and/or criminal penalties.

Initials _____

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the CJCC.

_____ 11/28/22

Authorized Official Signature **Date**

JARRAY KOGOD 11/28/22

Print Authorized Official Name **Title**

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: 11/28/2022

SUBGRANTEE: Habersham County Board of Commissioners

SUBGRANT #: K77-8-037

PROJECT NAME: Law Enforcement Training

NATURE OF ADJUSTMENT:

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

___ REVISED BUDGET . . . . . Go To . . . . SECTION I
___ PROJECT PERIOD AND/OR EXTENSION. Go To . . . . SECTION II
___ PROJECT OFFICIALS/ADDRESSES. . . Go To . . . . SECTION III
___ PROJECT PERSONNEL. . . . . Go To . . . . SECTION III
___ GOALS AND OBJECTIVES . . . . . Go To . . . . SECTION III
___ OTHER. . . . . Go To . . . . SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	$ 100,000	-100,000.00	Ø
EQUIPMENT	0	90,360.00	90,360.00
SUPPLIES	0	4,240.00	4,240.00
TRAVEL	0	5,400.00	5,400.00
PRINTING	0		
OTHER	0		
TOTAL	$ 100,000		100,000.00
Federal	$ 100,000		100,000.00
Match	$ 0		Ø

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD
Start Date: 10/01/22
End Date: 10/31/23

REQUESTED GRANT PERIOD
Start Date: _____
End Date: _____

FOR EXTENSION,
OF MONTHS: _____

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

Budget Detail Worksheet Attached

CONTINUED ON NEXT PAGE

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Habersham County Board of Commissioners

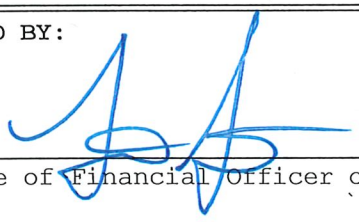
SUBGRANT #: K77-8-037

PROJECT NAME: Law Enforcement Training

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:



Signature of Financial Officer or Project Director

CFO
Title

11/28/22
Date

CJCC ROUTING AND APPROVALS:

	Approval	Disapproval	Reviewer Signature
Reviewed By:	_____	_____	_____
Authorized By:	_____	_____	_____

CJCC Budget Detail Worksheet

Agency Name:	Habersham County Sheriff's Office
Subgrant Number:	
Project Name:	Georgia School Safety Summit (GS3)
Select grant type:	Other

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking If you selected only a block and not the entire row, a new tab will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

Title	First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost	Match?
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost	Match?
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
				PERSONNEL TOTAL		$0	

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform. Volunteers must be valued at $16/hour unless approved by CJCC staff for a higher rate. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

	Hours	Rate	Total value	Match
Volunteers			$ -	In-Kind
	VOLUNTEERS TOTAL		$0.00	

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost	Match?
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
					FRINGE TOTAL	$0.00	

PERSONNEL GRAND TOTAL	$0

B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at $X airfare, $X lodging, $X meals/ incidentals). If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Please note that the maximum reimbursement rate is $0.585 per mile, but if your agency's reimbursement rate is lower you must use that rate.

Trainings and Conferences	*"All trainings and conferences must be pre-approved by submitting an agenda to your Specialist or Auditor.*							
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost	Match?
GS3 Conference Registration			$300.00	18.00			$5,400.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	

Mileage

Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Match?
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
				TRAVEL TOTAL	$5,400.00	

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least $5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
InVeris 100P FATS System Virtual Shooting Simulator	$62,160.00	1.00	InVeris	$62,160.00	
Pull-Behind Enclosed Trailer to Haul Equipment	$5,200.00	1.00	Home Depot/Lowes	$5,200.00	
Audio/Visual Equipment	$23,000.00	1.00	Various Vendors	$23,000.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
			EQUIPMENT TOTAL	$90,360.00	

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter $100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
Tables/Chairs for Set-Up	$125.00	4	Walmart	$500.00	
Data Cards for Conference Reference Materials	$10.00	374	Vendor	$3,740.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
			SUPPLY TOTAL	$4,240.00	

E. Printing-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter $15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
				$0.00	
				$0.00	
				$0.00	
				$0.00	
			PRINTING TOTAL	$0.00	

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost	Match?
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
				F. (1) Subtotal	$0.00	

F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
				F. (2)Subtotal	$0.00	

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of $100,000.

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?

					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
			F. (2)Subtotal		$0.00	

F. (4) Indirect Cost: If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement must be submitted with your contract budget. Applicants may elect to use an amount up to the ten percent (10%) de Minimis rate of their Modified Total Direct Costs (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel that work directly on the project, and other operational costs such as supplies, printing, and travel that are directly related to the project. To use the de Minimus indirect cost rate complete the MTDC Calculator in the next tab. When you have completed this calculator, the total Indirect cost will transfer to the space below.

Indirect Cost	$0

F. OTHER TOTAL	$0

G. Match Waiver: If your agency would like to request a match waiver, you should submit a letter, on your agency's letterhead, to the Georgia Criminal Justice Coordinating Council (CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the amount of match you are able to provide for the proposed

G. Match Waiver Amount:	

Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category		Amount	
A. Personnel and Fringe		$0	
B. Travel		$5,400	
C. Equipment		$90,360	
D. Supplies		$4,240	
E. Printing		$0	
F. Other		$0	
TOTAL PROJECT COSTS		$100,000	
Award		FALSE	
Match Amount		FALSE	
Match Breakdown	Cash	$0	#DIV/0!
	In-Kind	$0	#DIV/0!

Budget Narrative

The proposed budget consists of equipment and course provision expenses that will assist with the building of the initial course library of training and the acquisition of the equipment stock needed to be able to improve and expand training opportunities provided by the alliance throughout the State of Georgia for years to come. These expenses are one-time expenses that, upon full expenditure of the grant funding, will be maintained by future alliance contributions.

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout you budget narrative and detail worksheet for which items those funds will be used.

DESIGNATION OF GRANT OFFICIALS - INSTRUCTIONS

On the following page, fill in the name, title, address, and phone number for the project director, the financial officer, and the authorized for the grant. No two officials can be the same person.

A. Project Director
This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.

B. Financial Officer
This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer/controller, or the board treasurer.

C. Authorized Official
This person is the official who is authorized to apply for, accept, decline, or cancel the grant for the applicant agency. This must be the executive director of a state agency, chairperson of the county Board of Commissioners, city mayor, chairperson of the city council, or the chairman/president of the board of directors. All correspondence regarding the grant application must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to CJCC.

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Habersham Co. Board of Commissioners

PROJECT TITLE: Law Enforcement Training Grant

GRANT NUMBER: K77-8-037

☒ Mr.
☐ Ms.

Murray Kogod
PROJECT DIRECTOR NAME (Type or Print)

Colonel / Chief Deputy, Habersham Co. Sheriff's Office
Title and Agency

130 Jacob's Way, Suite 302 Clarkesville GA 30523
Official Agency Mailing Address City Zip

706-839-0200 706-839-0219
Daytime Telephone Number Fax Number

mkogod@habershamga.com
E-Mail Address

☒ Mr.
☐ Ms.

Timothy Sims
FINANCIAL OFFICER (Type or Print)

CFO Habersham Co. Board of Comm.
Title and Agency

130 Jacob's Way, Suite 302 Clarkesville GA 30523
Official Agency Mailing Address City Zip

706-839-0202 706-839-0219
Daytime Telephone Number Fax Number

tsims@habershamga.com
E-Mail Address

☒ Mr.
☐ Ms.

Bruce Palmer
AUTHORIZED OFFICIAL (Type or Print)

Comm. Chairman, Habersham Co. BOC
Title and Agency

130 Jacob's Way, Suite 302 Clarkesville, GA 30523
Official Agency Mailing Address City Zip

706-839-0200 706-839-0219
Daytime Telephone Number Fax Number

commoffice@habershamga.com
E-Mail Address