

City of Emeryville Grant Application Approval Form

Grant Approval Form prepared/submitted by:

Oliver Collins	Captain	Police	04/30/20
First/Last Name	Title	Department or Division	Date

PROJECT MANAGER: SA above

Name (if different from above)	Signature	Date	

GRANT: BJA FY 20 Coronavirus Emergency Supplemental Funding Program

PROJECT OVERVIEW

PROJECT TYPE: ☒ New ☐ Renewal ☐ Other (Please explain: _____)

PROJECT TITLE: COVID-19 Police Grant

Funding Agency: Federal DOJ, Bureau of Justice Assistance (BJA)

GRANT APPLICATION DEADLINE: April 30, 2020

Anticipated Project Start and End Dates: April 2020 to September 2020

Project Description/Implementation Plan:

To maintain and implement police services to the City of Emeryville and if needed to provide mutual aid assistance to allied agencies; To implement safe workplace guidelines & strategies to maintain a safe and healthy law enforcement workforce during this pandemic; To educate the public and if necessary enforce Shelter In Place orders; To ensure police services are maintained throughout the pandemic; and to keep crime reduction low and police services high during the pandemic.

How does the project help fulfill City missions and/or goals (Anticipated Outcomes?)

The patrol staffing has gone to an emergency schedule in response to this pandemic. Patrol staffing has been slightly increased to respond to perceived crisis in the community and to maintain order, particularly in the retail districts where several large box stores have experienced a high percentage increase in patrons. The Emergency schedule is projected to experience an increase of approximately 1,500+ hours of overtime over a 60-day period. This proposal is for the funding to cover a very small portion of the patrol personnel overtime costs (307 hours), which is \$30,086. This service is essential to ensuring safety and compliance in our City during the State mandated shelter in place order.

PERSONNEL NEEDS

Job Title	Percentage of Time	Role in Project
Capt Collins	10 hours	Grant administrator

FACILITY NEEDS:

☒ Project can function within the current facility structure of the department/division

☐ Project has the following needs in addition to existing facilities:

☐ Additional office space, furniture and computers

☐ Modification of other support space

The grant will fund:

☐ All facility modifications needed for the project

☐ Some modifications needed for the project

☐ No modifications. Funding will be needed from other sources

PROPOSED PROJECT BUDGET (add lines as needed)

	TOTAL*
Grant Request	\$32,903
City Match	N/A
Other Match	None
TOTAL PROJECT COSTS	\$32,903

* These funds will need to be budgeted over the grant period at time of acceptance.

Will the City be expected to continue activities after grant funds are expended? ☐ Yes ☒ No

If yes, please explain, indicating the source of funds that will be used to sustain the project:

Example: Measure B Paratransit annual allocation.

MATCH REQUIREMENTS

Matching Funds Required:

☐ Yes (You must complete ALL of the following questions/sections)

☒ No (You may skip the following questions; however, you still need to complete the REQUIRED APPROVALS section)

Percentage of project funds covered by the grant vs. matching funds: Grant: _____ % Match: _____ %

PROPOSED MATCHING SOURCES

TYPE (Cash, in-kind)	Source/ Description	Amount

APPLICATION REQUIREMENTS

Is City Council approval of application required to apply? ☐ Yes ☒ No

If so is a template available? ☐ Yes (attach to this form) ☐ No

Date of Council Action: _____

KEY REPORTING OR ADMINISTRATIVE REQUIREMENTS

Please describe any key concerns. Monthly in-person meeting with grantor is required.

REQUIRED APPROVALS


Department Head/Designee

8-5-20

Date

Finance Director/Designee

Date

DocuSigned by:

Andrea Visveshwara

8/10/2020

City Attorney/Designee

Date

City Manager/Designee

Date

City of Emeryville New Grant Award Information Form

CITY PROJECT NAME: COVID-19 Police Grant

Funding Agency: Federal DOJ, Bureau of Justice Assistance (BJA)

Pass Thru Agency: None

Type of Grant: ☒ Direct ☐ Pass-through

Type of Funder: ☒ Federal ☐ State ☐ County ☐ Other: _____

Grant Name: COVID-19 Police Grant Fund #: _____

Grant Number (include CFDA# if federal): 2020-VD-BX-0107

Grant Term: 01/20/2020 through 01/31/2022

Project Number: _____ CIP Number: N/A

(Attach a copy of the resolution to this form)

Resolution Number and Date of Application: _____

Accepting Agreement: _____

PROJECT BUDGET (please attach the grant agreement to this form, add lines as needed)

	Year 1 FY:	Year 2 FY:	Year 3 FY:	Year 4 FY:	Year 5 FY:	TOTAL
Grant Amount Awarded	\$32,903					
City Match - Cash	0					
City Match - In-kind	0					
Other Match	0					
TOTAL PROJECT COSTS	\$32,903					

CONTRACTING REQUIREMENTS: N/A

REPORTING REQUIREMENTS: Quarterly online reporting is required until the funds are expended, and the grant is closed.

TIMELY USE OF FUNDS REQUIREMENTS: The funding is anticipated to be entirely used but July 2020.

BILLING REQUIREMENTS: Quarterly

IF A CAPITAL PROJECT, LIST ANY SIGNAGE REQUIREMENTS:

Funder: _____

Project manager Transmittal required ☐ **Electronic** ☐ **Hardcopy**

Name: _____

Email: _____

Phone: _____

Address: _____

Billing – Accounts Receivable (if not same contact) Transmittal required ☐ **Electronic** ☐ **Hardcopy**

Name: _____

Email: _____

Phone: _____

Address: _____

Emeryville Team

Oliver Collins

Project Manager Name

Signature

SA above

Grant Manager Name (if Different)

Signature

Police

Department

Date

Department

Date



Bureau of Justice Assistance

Grant

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RECIPIENT NAME AND ADDRESS (Including Zip Code)

City of Emeryville
3 Park Avenue
Emeryville, CA 94608

4. AWARD NUMBER: 2020-VD-BX-0107

5. PROJECT PERIOD: FROM 01/20/2020 TO 01/31/2022

BUDGET PERIOD: FROM 01/20/2020 TO 01/31/2022

6. AWARD DATE 04/28/2020

7. ACTION

ANTEE IRS/VENDOR NO.

000364

8. SUPPLEMENT NUMBER

00

Initial

ANTEE DUNS NO.

787846

9. PREVIOUS AWARD AMOUNT

\$ 0

PROJECT TITLE

Coronavirus Virus Emergency Grant Funding

10. AMOUNT OF THIS AWARD

\$ 32,903

11. TOTAL AWARD

\$ 32,903

SPECIAL CONDITIONS

THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH
IN THE ATTACHED PAGE(S).

LEGISLATIVE AUTHORITY FOR GRANT

This project is supported under FY20(BJA - CESF) Pub. L. No. 116-136, Div. B; 28 U.S.C. 530C

CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number)

154 - Coronavirus Emergency Supplemental Funding Program

METHOD OF PAYMENT

RECURRING

AGENCY APPROVAL

GRANTEE ACCEPTANCE

TYPED NAME AND TITLE OF APPROVING OFFICIAL

Charlene T. Sullivan
Principal Deputy Assistant Attorney General

18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL

Jennifer G. Tejada
Chief

SIGNATURE OF APPROVING OFFICIAL

19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL

19A. DATE

7/14/20

AGENCY USE ONLY

ACCOUNTING CLASSIFICATION CODES

AL	FUND	BUD.	DIV.				
R	CODE	ACT.	OFC.	REG.	SUB.	POMS	AMOUNT
	B	VD	80	00	00		32903

21. VVDUGT0265

FORM 4000/2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.

Approved As To Form:

DocuSigned by:

Andrea Viveshwara

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City Attorney

FORM 4000/2 (REV. 4-88)