

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: COPS Homeland Security Overtime Program Grant Application

DEPARTMENT: Sheriff's Office **DIVISION:** _____

AUTHORIZED BY: Sheriff Eslinger **CONTACT:** Penny Fleming **EXT.** 6617

Agenda Date <u>6/10/03</u> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Work Session <input type="checkbox"/> Briefing <input type="checkbox"/>
Public Hearing – 1:30 <input type="checkbox"/> Public Hearing – 7:00 <input type="checkbox"/>

MOTION/RECOMMENDATION:

Approval by the Board of County Commissioners for the Chairman to sign the grant application and associated grant documents for the U.S. Department of Justice, COPS Homeland Security Grant and authorization to process all associated grant documents.

BACKGROUND:

The U.S. Dept. of Justice COPS Homeland Security grant will provide additional overtime funding for law enforcement agencies engaged in training or other law enforcement activities designed to assist in the prevention of acts of terrorism and other violent and drug-related crimes. These funds may be used to enhance existing resources available for investigative services and law enforcement training for Homeland Security.

The deadline for the grant application is June 13, 2003.

Reviewed by:
Co Atty: _____
DFS: <u>[Signature]</u>
Other: _____
DCM: <u>[Signature]</u>
CM: <u>[Signature]</u>
File No. <u>CSH000</u>

MEMORANDUM: OFFICE OF THE SHERIFF 03-245

TO: Kevin Grace, County Manager

FROM: Sheriff Donald F. Eslinger

DATE: May 20, 2003

**SUBJECT: COPS Homeland Security Overtime Program
Board of County Commissioners Approval - Grant Application Submission**

The Seminole County Sheriff's Office has received notification that the new COPS Homeland Security Overtime Program grant application is due June 13, 2003. This grant can provide funding for Homeland Security training sessions and other law enforcement activities designed to assist in the prevention of acts of terrorism and other violent and drug-related crimes.

The Seminole County Sheriff's Office is requesting the Board of County Commissioners approval for the Chairman to sign all associated grant documents for the COPS Homeland Security Overtime Program Application. There are no new positions associated with this grant. A copy of the application is attached.

It is respectfully requested that the COPS Homeland Security Overtime Program Application item be placed on the agenda for the Board of County Commissioners meeting on Tuesday, June 10, 2003.

If you have any questions regarding this agenda item, please contact me at 665-6635, or Chief Penny Fleming at 665-6617.

C: Ray Hooper
Acting Director of Fiscal Services

ITEM:

The Seminole County Sheriff's Office requests that the Board of County Commissioners approve the Chairman to sign the COPS Homeland Security grant application and related application documents for the U.S. Department of Justice overtime program. This program is designed to provide additional overtime funding for law enforcement personnel engaged in homeland security and other law enforcement activities.

DETAIL:

The U.S. Dept. of Justice COPS Homeland Security grant will provide additional overtime funding for law enforcement agencies engaged in training or other law enforcement activities designed to assist in the prevention of acts of terrorism and other violent and drug-related crimes. These funds may be used to enhance existing resources available for investigative services and law enforcement training for Homeland Security. The deadline for the grant application is June 13,2003.

ACTION REQUESTED:

Approval by the Board of County Commissioners for the Chairman to sign the grant application and associated grant documents for the U.S. Department of Justice, COPS Homeland Security Grant and authorization to process all associated grant documents.



COPS

COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

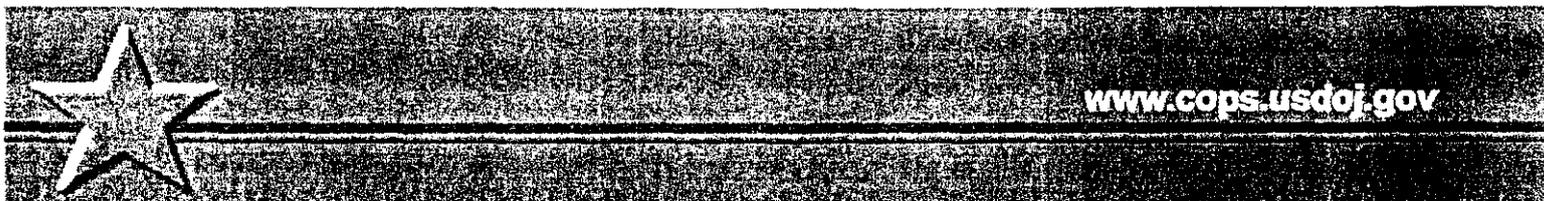
COPS Application Packet

www.cops.usdoj.gov

Homeland Security Overtime Program Application Packet

June 13, 2003 (priority consideration) and
June 27, 2003 final deadline

U.S. Department of Justice
Office of Community Oriented Policing Services
Carl R. Peed, Director
OMB Approval Number: 1103-0027



Homeland Security Overtime Program Application Packet

For more information about COPS grants, call the U.S. Department of Justice Response Center at 800.421.6770.



U.S. Department of Justice
Office of Community Oriented Policing Services
Homeland Security Overtime Program (HSOP) Control Desk
1100 Vermont Avenue, N.W.
7th floor
Washington, D.C. 20530 (use zip 20005 for overnight mail)

Due to continued mail delays in the Washington, D.C. area, we strongly encourage you to submit your application packet by an express or overnight delivery service. If you choose to use an express delivery service, please use zip code 20005 for your submission.

COPS Online: www.cops.usdoj.gov

Revised: April 2003

II. General Information

Applicant Organization's Legal Name:

Seminole County Sheriff's Office

Applicant Agency ORI Number: FL05900

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you.

Applicant Agency EIN Number: 596000860

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, use your IRS EIN number.

Federal Congressional District Number: 3 & 7

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of those districts above.

Is your agency contracting for law enforcement services?

[Check one]

Yes No

If "yes," enter the name and agency information of the contract law enforcement department in Section III., Executive Information.

III. Executive Information

The law enforcement and government executives that appear in this section **must** be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application or remove your application from consideration.

Law Enforcement Executive's Name:

Title: Donald F. Eslinger

Agency Name: Seminole County Sheriff's Office

Address: 100 Bush Boulevard

City: Sanford State: FL Zip Code: 32773

Telephone: 407-665-6535 Fax: 407-665-6585

E-mail (if applicable):

Type of Law Enforcement Agency:

- Municipal State County Police Department
 Sheriff* Tribal Transit*
 School* Public Housing*
 University/College* Please indicate: (Public or Private)
 Other* (please specify): _____

** Agency types with an asterisk next to them must complete the appropriate additional questionnaire found in Section IX.*

Homeland Security Overtime Program Application Packet

Government Executive's Name:

Title: Daryl McLain

Name of Government Entity: Seminole County Board of County
Commissioner

Address: 1345 28th Street

City: Sanford State: FL Zip Code: 32773

Telephone: 407-665-7200 Fax: N/A

E-mail (if applicable): N/A

Type of Government Entity:

- State City Town County
 Village Borough Township Territory
 Region Council Community Pueblo
 Nation School District
 Other (please specify): _____

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Jolene Schulte

Title: Grant Manager

Telephone: 407-665-6742 Fax: 407-665-6585

E-mail (if applicable): jschulte@seminolesheriff.org

IV. Department Information

Population served as of 2000 U.S. Census: 179,871

If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments), please indicate the size of the population served here: _____

Exclude the population primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations covered by a city police department for which the sheriff's department has no primary law enforcement authority.

Current budgeted sworn strength as of the date of application. *The budgeted sworn strength is the number of sworn officer positions your department has allocated for its budget. This number will include all budgeted officer positions, including locally-funded, COPS-funded, vacancies, and other grant-funded officer positions:*

Full-time officers: 325 Part-time officers: 0

V. Required Signatures

IMPORTANT! PLEASE READ PRIOR TO SIGNING BELOW:

*Prior to receiving an HSOP grant award, your agency must comply with all application and program requirements set forth in the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. Your signatures below certify that by submitting this application, your agency is requesting COPS funding only for officer overtime which would not otherwise be funded in your agency's budget with state or local funds. **Reminder:** In order to process your agency's funding request, original signatures of the law enforcement and government executives who will have ultimate financial and programmatic authority for this grant are required on all application documents. Faxed copies will **not** be accepted. Stamped or electronic signatures also will **not** be accepted. It is not permissible for someone to sign application forms in place of the law enforcement and/or government executives named in the application. Applications with missing, incomplete or inaccurate signatures or responses may not be considered for funding.*

By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law. I also acknowledge 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.

Law Enforcement Executive's Signature:

_____ Date: _____
(Signature of person named in Section III of this form)

Donald E. Eslinger
(Print name)

Government Executive's Signature:

_____ Date: _____
(Signature of person named in Section III of this form)

Daryl McLain
(Print name)

VI. Terrorism Preparedness

The questions below relate to your agency's present and anticipated homeland security/anti-terrorism efforts. Please answer all questions below as completely and accurately as possible **for your agency as a whole**. Please do not include any *confidential* or *classified* information in your responses. For the questions that require a written explanation, do not exceed the maximum number of words specified. Additionally, your responses must be consistent with the definitions of homeland security/anti-terrorism and terrorism as defined below.

***Homeland Security/Anti-Terrorism:** Your agency's efforts to detect, prepare for, prevent, protect against, respond to, and recover from terrorist attacks within your jurisdiction.*

***Terrorism:** An act that 1) is dangerous to human life or potentially destructive of critical infrastructure or key resources, and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States, and 2) appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.*

1. In the past fiscal year, on average, how many overtime hours per week did your current officers engage in homeland security-related activities?

[Check one]

- | | |
|---|---|
| <input checked="" type="checkbox"/> 0 hours or only on an as-needed basis | <input type="checkbox"/> 11-20 hours per week |
| <input type="checkbox"/> 1-5 hours per week | <input type="checkbox"/> 21-30 hours per week |
| <input type="checkbox"/> 6-10 hours per week | <input type="checkbox"/> 30+ hours per week |

2. On average, how many additional hours per week do you anticipate the requested overtime funding would be used specifically for anti-terrorism/homeland security activities?

[Check one]

- | | |
|--|---|
| <input type="checkbox"/> 0 hours or only on an as-needed basis | <input type="checkbox"/> 11-20 hours per week |
| <input checked="" type="checkbox"/> 1-5 hours per week | <input type="checkbox"/> 21-30 hours per week |
| <input type="checkbox"/> 6-10 hours per week | <input type="checkbox"/> 30+ hours per week |

3. What is the average number of annual hours for homeland security/anti-terrorism training that your agency anticipates providing for officers this year?

[Check one]

- | | |
|--|---|
| <input type="checkbox"/> 0 hours or only on an as-needed basic | <input type="checkbox"/> 11-20 hours per year |
| <input type="checkbox"/> 1-5 hours per year | <input type="checkbox"/> 20+ per year |
| <input checked="" type="checkbox"/> 6-10 hours per year | <input type="checkbox"/> Don't know |

4. Do you have any of the following critical infrastructures within your law enforcement jurisdiction? [Please check all that apply, and provide a one to three word description for each item that is checked.]

- Major bridges or tunnels I-4
- Significant national or regional monuments Cape Canaveral (Regional Response)
- Major sites of historical significance _____
- Skyscrapers or tall apartment/commercial buildings _____
- Nuclear reactors/plants Martin County (Regional Response)
- Dams or hydro-electric facilities _____
- Reservoirs or other major public water systems Waste Treatment, WasteWater
- Major electric or other power plants (non-nuclear or hydro-electric) Mgmt, Lift Station
FPL Marine Patrol
- Chemical plants or storage facilities Jet Fuel, Fertilizer
- Buildings that house/develop/maintain biologically hazardous materials _____
- Borders with other countries (e.g., Mexico, Canada) _____
- Airports utilized by commercial aircraft Sanford International Airport
- Trains or subway systems AmTrak - Auto Train
- Major waterway ports of entry St. Johns River - Seminole County
Port Authority
- Oil/petroleum refineries, pipes, or storage facilities Gas Pipes, Fuel Storage
- Major tourist attractions (e.g., major theme parks, zoos) Disney, Universal
- Major sporting arenas (e.g., collegiate or professional stadiums) Daytona International Speedway, (Region
Orlando Arena (Regional Response)
- Major sporting or public events Red Hot Room
- Active military bases _____
- Major communication centers (e.g., TV, radio, Internet, satellite, newspapers) TV, Radio
- Strategic missile or other weapon sites _____
- Centers of government (e.g., state capitals) _____
- Major financial centers Heathrow
- Major industrial centers Port Authority, Regional Research Park
- Immigration ports of entry _____
- Other _____
- Other _____

5. Has your agency participated in any type of joint terrorism task force activity, or are such activities planned in the near future?

[Check one]

Yes No

6. Does your agency/jurisdiction have any of the following currently in place, or do you plan to implement any of the following if awarded in this grant?

[Please check all that apply]

- Public anti-fear campaigns
 Riot control protocols
 Evacuation plans
 Decontamination units/plans
 Bomb threat protocols
 Protection protocols against major cyber-attacks
 Public broadcast systems/reverse 911/email notification protocols
 Printed and publicly disseminated documents on citizen preparedness (including website information)
 Public/community meetings focused on homeland security/citizen preparedness
 Increased sworn officer presence at potential terrorism targets.

7. How many officers within your agency have been called up as full time military reservists in the past year (and are therefore no longer available for local policing services)?

[Check one]

- 0 11-50
 1-5 Over 50
 6-10

VII. Local Budget

Overtime funds being requested must be in addition to overtime already funded in your agency's budget. In other words, COPS funds cannot be used to pay for any overtime for which your agency has already budgeted (or will otherwise budget during the grant period). HSOP provides for 75 percent of anticipated additional overtime costs for non-supervisory sworn personnel based on an average overtime rate specific for your department (please refer to the example provided in Section VIII for assistance when determining your department's average overtime rate).

Federal funds may be requested for up to 75 percent of the total requested additional overtime costs, with a minimum 25 percent local cash match. *The match must be a cash match, made from local, state or other non-COPS funds and may not be paid through reallocating funds otherwise budgeted for specific law enforcement purposes.*

In the spaces provided below, please identify the amount of state and/or local funding for officer overtime currently budgeted in your fiscal year 2003 budget, and your anticipated budgeted level of officer overtime funding for fiscal year 2004 (in the absence of HSOP funding). You may provide additional comments below, but please do not exceed the space provided. The COPS Office reserves the right to request documentation demonstrating state and/or local funds budgeted for overtime; however, this documentation should not be submitted at the time of application.

State and/or local funding currently budgeted for officer overtime:

Fiscal Year 2003 \$ _____

State and/or local funding anticipated for officer overtime:

Fiscal Year 2004 \$ _____ *

Comments: (please do not exceed the space allotted)

* This represents the total O.T. Budget for both
sworn and civilian personnel.

Only a portion of these funds are available
for Homeland Security uses outlined in this
proposal.

Locally Funded Fiscal YearStarting date of your fiscal year: 10 / 01 / 2003Ending date of your fiscal year: 9 / 30 / 2004**Cognizant Federal Agency**

Many state and municipal agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (e.g., Justice, HUD, HHS, Transportation). The single federal agency where such audits are sent is known as your "Cognizant Federal Agency." Please enter the name of your Cognizant Federal Agency (typically the federal agency that provides your government entity with the most federal funding) in the space provided. If your department does not receive federal funds, enter "U.S. Department of Justice."

(Cognizant Federal Agency)

VIII. Budget for Requested Federally Funded Additional Overtime:

Please read through the following example for guidance when determining and calculating your department's need for additional overtime.

The COPSville Police Department applies for an HSOP grant for overtime to allow officers to assist with the Molina County Task Force. The additional overtime funding will allow these officers to perform task force duties on an overtime basis while not reducing the patrol staffing levels. COPSville Police Department is requesting 1540 hours to complete this project, which will be in addition to the \$53,600 that is budgeted in their Fiscal Year 2003 for officer overtime. The COPSville Police Department serves a population of 30,000 and currently has a budgeted sworn strength of 53 sworn officers.

When calculating your department's average overtime hourly estimate, please average the overtime rate paid within your agency for non-supervisory sworn personnel.

Overtime rate for Officer/Deputy level:	\$26.45 hourly
Overtime rate for Journeyman/PFC level:	\$32.16 hourly
Overtime rate for Master/MPO level:	\$36.33 hourly
 Average Overtime Estimate Per Hour: *	 \$31.65 hourly

**To calculate your average overtime estimate per hour, please add all applicable categories, and divide by the number of total categories.*

\$31.65 hourly x 1540 hours requested = \$48,741 total overtime (before fringe benefits)

When calculating your fringe benefits, please use the standard rate specific for your department, based on the total overtime requested before fringe benefits.

Fringe Benefits

Social Security	\$48,741 x 6.2%	\$3,022
Medicare	\$48,741 x 1.45%	<u>\$ 707</u>
Total Fringe Benefits		\$3,729

Total HSOP Project Costs (\$48,741 + \$3,729)	<u>\$52,470</u>
--	-----------------

Federal Request (75 percent of total project costs)	<u>\$39,353</u>
--	-----------------

Non-Federal Amount (25 percent Local Cash Match)	<u>\$13,117</u>
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Based on the population and budgeted sworn force strength of COPSville, they would be eligible to apply for up to \$50,000 (please refer to the funding chart found in *Overtime Request Summary* below). Based on COPSville's specific needs, their request for federal funds will be \$39,353, with a local match of \$13,117.

Calculating Your Department's Average Overtime Rate Per Hour

When calculating your department's average overtime rate per hour, please average the overtime rate paid within your department for non-supervisory sworn personnel at the base salary. Please list below the personnel ranks/categories, their current overtime rate, and the calculations from averaging these categories to determine your Average Overtime Rate Per Hour. Please use the number of categories that is appropriate for your agency, however, do not exceed 5 personnel ranks/categories when calculating your overall average. For those agencies who have more than 5 ranks/categories, please select those that are representative of your non-supervisory sworn personnel. Once you have determined your department's Average Overtime Rate Per Hour, please multiply by the number of hours your department anticipates a need for above and beyond what is locally budgeted in Fiscal Year 2003 for officer overtime. The Additional Overtime Hours Requested is used for the purpose of determining your specific overtime request. If awarded, you will not be required to expend overtime at the level of hours requested, as long as your department can demonstrate that the goals and objectives of the program were met, and all overtime used under the grant was paid within the personnel categories listed below.

Personnel Category	Overtime Rate Per Hour
1. <u>OT - Deputy/Investigator</u>	<u>26.56</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<u>Overtime Rate Per Hour</u> <u>Across All Categories</u>	<u>Number of Categories</u>	=	<u>Average Overtime</u> <u>Rate Per Hour</u>
\$ <u>26.56</u> .00	/ <u>1</u>	=	\$ <u>26.56</u> .00

<u>Average Overtime</u> <u>Rate Per Hour</u>	<u>Additional Overtime</u> <u>Hours Requested</u>	=	<u>Total Cost of Overtime</u> <u>(Before Fringe Benefits)</u>
\$ <u>26.56</u> .00	x <u>5,700</u>	=	\$ <u>151,392</u> .00

Overtime Request Summary

When you have completed the average overtime rate per hour and the fringe benefits, transfer the totals for each category to the spaces below. Please compute the total overtime costs and place that amount on the applicable line

Average Overtime Rate Per Hour		\$ <u>26.56</u> .00
Additional Overtime Hours Requested	x	<u>5,700</u>
Total Cost of Overtime (Before Fringe Benefits)		\$ <u>151,392</u> .00
Fringe Benefits Total	+	\$ <u>48,142</u> .00
Total HSOP Project Costs	=	\$ <u>199,534</u> .00
Federal Request (up to 75 percent of the Total HSOP Project Costs)		\$ <u>149,651</u> .00
Non-Federal Amount (25 percent Minimum Local Cash Match)		\$ <u>49,883</u> .00

The Non-Federal Amount or your Local Match must represent, at a minimum, 25 percent of the Total Overtime Costs.

As a reminder, law enforcement agencies can apply for funding based on the size of the population they serve, or their budgeted sworn force at the time of application using the following guidelines:

<u>Agencies serving populations:</u>	<u>OR</u>	<u>Budgeted sworn force:</u>	<u>May apply for a federal share of up to:</u>
under 24,999		1-49	\$25,000
from 25,000 to 49,999		50-99	\$50,000
from 50,000 to 99,999		100-199	\$100,000
from 100,000 to 249,999		200-499	\$250,000
from 250,000 to 499,999		500-999	\$500,000
from 500,000 to 999,999		1,000-1,999	\$1,000,000
over 1,000,000		above 2,000	\$3,000,000

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12. 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.

13. 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.

14. 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.

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)

Date

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

Date

Homeland Security Overtime Program Application Packet

- (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, DC 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.
Section 67.630 of the regulations provides that a grantee that is a state may elect to make one certification in each federal fiscal year, a copy of which should be included with each application for Department of Justice funding. States and state agencies may elect to use OJP Form 4061/7.

Check if the state has elected to complete OJP Form 4061/7.

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 Name and Address: Seminole County Sheriff's Office, 100 Bush Blvd., Sanford, FL 32773

Application No. and/or Project Name: Seminole Homeland Security Grantee IRS/Vendor Number: 59-6000860

Typed Name and Title of Law Enforcement Executive: Donald F. Eslinger

Signature: _____ Date: _____

As the duly authorized representative of the governing body, I hereby certify that I am binding the governing body to the above certifications, including the plan to retain. Elections of new officials will not relieve the governing body of its obligations under this grant.

Typed Name and Title of Government Executive: Daryl McLain

Signature: _____ Date: _____

Approved by OMB
O348-0046
(as amended)

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for instructions and public burden disclosure)

1. Type of Federal Action: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: _____ a. bid/offer/application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change <i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District (number), if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (number), if known: _____	
6. Federal Department/Agency: _____	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> _____	10. b. Individuals Performing Services (including address if different from No.10a) (last name, first name, MI): _____	
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.	Signature: _____ Print Name: <u>Donald F. Eslinger</u> Title: <u>Sheriff</u> Telephone No.: <u>407-665-6535</u> Date: _____	

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