## Lee County Board Of County Commissioners Agenda Item Summary

**Blue Sheet No. 20051142** 

- 1. ACTION REQUESTED/PURPOSE: Approve acceptance of FY 2005 Edward Byrne Memorial Justice Assistance Grant Program in the amount of \$139,357.
- **2. WHAT ACTION ACCOMPLISHES:** Approval will allow the Lee County Sheriff's Office to submit an online acceptance of the grant award.
- **3. MANAGEMENT RECOMMENDATION:** The Lee County Sheriff's Office recommends Board acceptance of the grant funds.

4. Depa	rtmental Category: /	15 C15D	5. Meeting Date: 08 - 30 - 200 5	
6. Agenda:		7. Requirement/Purpose: (specify)	8. Request Initiated:	
X	Consent	Statute	Commissioner	
A	Administrative	Ordinance Ordinance	Department SHEPIFF	
A	Appeals	Admin. Code	Division	
P	Public	Other	By: I Will he was	
	Walk-On		340.77	

## 9. Background:

The Office of Justice Programs has approved grant funding for the Lee County Sheriff's Office (LCSO) in the amount of \$139,357 under the FY 2005 Edward Byrne Justice Assistance Grant Program.

The LCSO will use \$69,678.50 of the grant funds to hire civilian Community Service Aides to respond to specific calls for service. The use of these civilians will afford deputies the opportunity to be redeployed into other proactive law enforcement initiatives.

The LCSO will use \$69,678.50 of the grant funds to purchase equipment, supplies, travel and training that will help augment the efforts of the Combined Law Enforcement Against Narcotics Task Force.

There is no match requirement for this grant. The reoccurring costs associated with this grant will be for the CSAs if the program evaluation reveals effective outcomes.

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services	County Manager/P.W. Director
					Analyst Risk Grants Mgr,	" Wille
11. Com	mission Act Approved Deferred Denied Other			co ĉ	CEIVED BY UNITY ADMIN:  CO. ATTY.  CO. ATTY.  FORWARDED TO:  CO. Mac.  8-12-85	

## FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE

## **GRANT AT A GLANCE**

**GRANT AWARD INFORMATION** 

1. County Grant ID (project #):		
2. Title of Grant:	EDWARD BYRN	E MEMORIAL JUSTICE ASSISTANCE GRANT
3. Amount of Award:	\$139,357	
4. Amount of Match Required:	\$0	
5. Type of Match: (cash, in-kind etc)	N/A	
6. SOURCE OF GRANT FUNI	OS & CATALOG NUMB	BER:
FEDERAL 🗵 CFDA #16.579	9 STAT	ΓΕ CSFA#
7. Agency Contract Number:		
8. Contract Period:	Begin Date: 10/01/05	End Date: 09/30/06
9. Name of Subrecipient(s)	N/A	
10. Business Unit(s):	<del></del>	······································
12. Has this Grant been Funded	Before? XES _	NO If YES When? 04,03,02,01 + +
13. Is Grant Funding Anticipate	ed in Subsequent Years?	? ⊠YES □ NO
14. If Grant Funding Ends Will If YES What is the Lee G	County Budget Impact:	nued at County Expense?
1st Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
4 <sup>th</sup> Year  Check Box if Additional is provided in <i>Comment</i>	9	n and Budget Impact
ADMINISTERING DEPAR	TMENT INFORMATIO	<u>on</u>
<ol> <li>Department: SHERIFI</li> <li>Contacts:</li> </ol>	F	
Program Mgr. STAN NEL	SON	Phone #: 477-1066
Fiscal Mgr. LIZ HANDER		
	HAN	Phone #:477-1328

Page 1 of 2

	RANTOR AGENCY IN the agency you signed this						
1.	Grantor Agency:	STATE OF FLORIDA	A DEPT OF LAV	W ENFORCEMENT			
2.	Program Title/Divis	sion: OFFICE OF CRIM	IINAL JUSTICE	GRANTS			
3.	Agency Contact: CLAYTON WILDER						
4.	Phone Number:	850 410-8700					
5.	Mailing Address:	2331 PHILLIPS RD TA	LLAHASSEE, FL	. 32308			
<u>SOUF</u>	RCE OF FUNDS						
1.	Original Funding Source: (name of agency where funding	US DEPARTMENT OF	JUSTICE				
2.	Pass Through Agen	cy: FLORIDA DEPT OF	LAW ENFORCE	MENT			
		e: federal \$\$ from US DOT give		Tthen from STATE DOT to I	ee County DOT STATE		
3.	Additional Informa	tion for Other Agenci	es Involved:				
			·				
3a	. Is the County a Gra						
REPO	RTING REQUIREM	<b>MENTS</b>					
	es this grant require and the state of the s	a separate subfund? est earnings)	YES	NO⊠			
Please	Explain:		<del></del> -				
(If YES	unding received in ac b, please indicate condition Agency Information)		YES	NO⊠ and the address to return i	t to, if different from the		
COM	MENTSINSTRUCT	ΓΙΟΝS:					