

Resolution No. 2992

A Resolution of the City of Sanford, Florida, amending the City's annual operating budget for the fiscal year beginning October 1, 2021 and ending September 30, 2022; providing for implementing administrative actions; providing for a savings provision; providing for conflicts; providing for severability and providing for an effective date.

Whereas, the Commission of the City of Sanford, Florida has adopted an annual operating budget for the fiscal year beginning October 1, 2021 and terminating on September 30, 2022 specifying certain projected revenues and expenditures for the operations of Sanford municipal government; and

Whereas, the City's budget presumes that each department generally will, to the best of their ability, maintain its expenditures within its allocated budgeted level and exercise prudence in expending funds during the course of the City's fiscal year; and

Whereas, from time-to-time circumstances and events may require that the original City budget may need revision; and

Whereas, the City Commission, in its judgment and discretion, has the authority to adjust the budget to more closely coincide with actual and expected events.

Now, therefore, be it adopted and resolved by the City Commission of the City of Sanford, Florida as follows:

Section 1. Adoption of Budget Amendment.

The annual operating budget of the City of Sanford for the fiscal year beginning October 1, 2021 and terminating on September 30, 2022 is hereby revised and amended by Attachment "A". The Attachment is hereby incorporated into this Resolution as if fully set forth herein verbatim. Except as amended herein, the annual operating budget for the City of Sanford for fiscal year beginning October 1, 2021 and

terminating on September 30, 2022 shall remain in full force and effect.

Section 2. Implementing administrative actions.

The City Manager, or designee, is hereby authorized and directed to implement the provisions of this Resolution by means of such administrative actions as may be deemed necessary and appropriate.

Section 3. Savings.

The prior actions of the City of Sanford relating to the adoption of the City budget and related activities are hereby ratified and affirmed.

Section 4. Conflicts.

All resolutions or parts of resolutions in conflict with this Resolution are hereby repealed.

Section 5. Severability.

If any section, sentence, phrase, word, or portion of this Resolution is determined to be invalid, unlawful or unconstitutional, said determination shall not be held to invalidate or impair the validity, force or effect of any other section, sentence, phrase, word, or portion of this Resolution not otherwise determined to be invalid, unlawful, or unconstitutional.

Section 6. Effective Date.

This Resolution shall become effective immediately upon enactment.

Passed and adopted this 25th day of October, 2021.

Attest:

City Commission of the City of
Sanford

Traci Houchin, MMC, FCRM

Traci Houchin, MMC, FCRM
City Clerk

Art Woodruff

Art Woodruff, Mayor



For use and reliance of the Sanford
City Commission only.
Approved as to form and legality.

William Colbert
for William Colbert, City Attorney
Lonnie N. Groot
ACA

ATTACHMENT A REQUEST FOR BUDGET AMENDMENT

Fiscal Year 2022
Department: Police Department

Division: Operation

10/13/2021

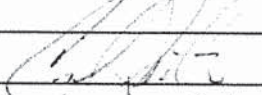
CHANGES IN REVENUES

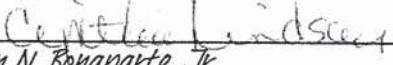
REVENUE ACCOUNT NUMBER						Current	Current	Amount of	Adjusted
Fund	Revenue	Act Cd	Ele	Project #	Revenue Account Title	Budget	Balance	Change	Unrealized
360	0000	330	20	24				\$ 36,265	
		334							
TOTAL CHANGES IN REVENUES								<u>\$ 36,265</u>	

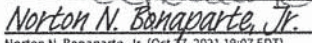
CHANGES IN EXPENDITURES

EXPENDITURE ACCOUNT NUMBER						Current	Current	Amount of	Remaining	
Fund	Dpt/Div	Activity	Obj	Ele	Project #	Expenditure Account Title	Budget	Balance	Change	Balance
360	2020	521	52	00			\$ 401,671	144,184	36,265	437,936
							\$ -	-	-	-
							\$ -	-	-	-
TOTAL CHANGES IN EXPENDITURES								<u>\$ 36,265</u>		

REASON FOR AMENDMENT: BYRNE grant

DIRECTOR APPROVAL:  DATE: 10/13/21

FINANCE APPROVAL:  DATE: 10/13/21

CITY MANAGER APPROVAL:  DATE: Oct 27, 2021

CITY COMMISSION AGENDA DATE: 10-25-2021 APPROVED Y

FOR FINANCE USE

Entry Date: 12/06/2021 Batch Number: B# 0800 Document #: BA01-101
 S. Posey
 Res# 2992
 CCM# 21-230



APPROVED



CITY OF
SANFORD
FLORIDA

WS	___	RM	X
Item No.	S.A		

**CITY COMMISSION MEMORANDUM 21-230
OCTOBER 25, 2021 AGENDA**

TO: Honorable Mayor and Members of the City Commission
PREPARED BY: Jennifer Caldwell, Administrative Services Manager
SUBMITTED BY: Norton N. Bonaparte, Jr., City Manager
SUBJECT: Approve Resolution No. 2992 to amend the budget and accept the 2021 Edward Byrne Memorial Justice Assistance Grant

STRATEGIC PRIORITIES:

- Unify Downtown & the Waterfront
- Promote the City's Distinct Culture
- Update Regulatory Framework
- Redevelop and Revitalize Disadvantaged Communities

SYNOPSIS:

Authorization to approve Resolution No. 2992 to amend the budget and accept the 2021 Edward Byrne Memorial Justice Assistance Grant is requested.

FISCAL/STAFFING STATEMENT:

The Sanford Police Department was awarded 2021 Edward Byrne Memorial Justice Assistance Grant. The total grant eligibility is \$36,265.

BACKGROUND:

The City of Sanford's Police Department was awarded funding from the 2021 Byrne Grant. The department would apply this towards eleven (11) portable fingerprint scanners and eleven (11) rechargeable LED road flares. We are asking for the rechargeable LED road flares for officers to be able to place on the ground when there is a need to be highly visible at night. The rechargeable LED road flares are reusable and safer for officers to use at night to indicate that there is a hazard ahead. These flares are brighter, last longer, have multiple colors, they also function to ensure officer safety, indicate traffic detours or alert the driver that they are approaching a road hazard.

The 11 portable fingerprint scanners would allow two scanners to be deployed per patrol shift, two for Criminal Investigation Division (CID), and one for Neighbor Response Unit (NRU). Having these scanners readily available will expedite the process of identifying persons of interest and victims of crimes, as there are times when persons of interest are not forthcoming with identifying personal information. When victims of crime cannot speak for themselves, such as in a homicide or traffic fatality, the fingerprint scanner is a tool that can be used to identify individuals faster. Having the capability of rapid identification allows the notification of victim's family to be expedited. The portable fingerprint scanner would be a welcome addition to our practice of doing due diligence to protect and serve the citizens of Sanford.

LEGAL REVIEW:

The office of the City Attorney has reviewed.

RECOMMENDATION:

City staff recommends that the City Commission take public input and approve Resolution No. 2992 to amend the budget and authorize the Police Department to accept the award of the 2021 Edward Byrne Memorial Justice Assistance Grant in the amount of 36,625.

SUGGESTED MOTION:

“I move to approve Resolution No. 2992, amending the budget and authorizing the Police Department to accept the award of the 2021 Edward Byrne Memorial Justice Assistance Grant in the amount of 36,625.

- Attachments: (1). GMS Award Package.
(2). Program Narrative.
(3). Budget Details and Narrative.
(4). Budget Transfer

2021 Byrne Grant

The City of Sanford Police Department is requesting funding from the 2021 Byrne grant. The department would apply this towards eleven (11) portable fingerprint scanners and eleven (11) rechargeable LED road flares. We are asking for the rechargeable LED road flares for officers to be able to place on the ground when there is a need to be highly visible at night. The rechargeable LED road flares are reusable and safer for officers to use at night to indicate that there is a hazard ahead. These flares are brighter, last longer, have multiple colors, they also function to ensure officer safety, indicate traffic detours or alert the driver that they are approaching a road hazard. The 11 portable fingerprint scanners would allow two scanners to be deployed per Patrol shift, two for Criminal Investigation Division (CID), and one for Neighbor Response Unit (NRU). Having these scanners readily available will expedite the process of identifying persons of interest and victims of crimes, as there are times when persons of interest are not forthcoming with identifying personal information. Also, when Victims of crime cannot speak for themselves, such as in a homicide or traffic fatality, the fingerprint scanner is a tool that can be utilized to identify individuals faster. Having the capability of rapid identification allows for the notification of victim's family to be expedited. The portable fingerprint scanner would be a welcomed addition to our practice of doing due diligence to protect and serve the citizens of Sanford.



Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name: **City of Sanford**
 Street1: **300 North Park Avenue**
 Street2:
 City: **Sanford**
 State: **Florida**
 Zip Code: **32771**

2. Authorized Representative's Name and Title:

Prefix: First Name: **Jennifer** Middle Name:
 Last Name: **Caldwell** Suffix:
 Title: **Administrative Service Manager**

3. Phone: **407-688-5020** 4. Fax: **407-688-5021**

5. Email:

6. Year Established: 1877	7. Employer Identification Number (EIN): 59-69000425	8. DUNS Number: 613761410
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9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? Yes No

If "No" skip to Question 10.

If "Yes", complete Questions 9. b) and 9. c).



AUDIT INFORMATION

<p>9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?</p> <p>If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.</p> <p>10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):</p> <p><input checked="" type="checkbox"/> "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200</p> <p><input checked="" type="checkbox"/> Financial Statement Audit</p> <p><input type="checkbox"/> Defense Contract Agency Audit (DCAA)</p> <p><input type="checkbox"/> Other Audit & Agency (list type of audit):</p> <p style="background-color: #cccccc; padding: 2px;">[REDACTED]</p> <p><input type="checkbox"/> None (if none, skip to question 13)</p>	
<p>11. Most Recent Audit Report Issued: <input checked="" type="checkbox"/> Within the last 12 months <input type="checkbox"/> Within the last 2 years <input type="checkbox"/> Over 2 years ago <input type="checkbox"/> N/A</p> <p>Name of Audit Agency/Firm: <u>MSL, PA</u></p>	
<p>AUDITOR'S OPINION</p>	
<p>12. On the most recent audit, what was the auditor's opinion?</p> <p><input checked="" type="checkbox"/> Unqualified Opinion <input type="checkbox"/> Qualified Opinion <input type="checkbox"/> Disclaimer, Going Concern or Adverse Opinions <input type="checkbox"/> N/A: No audits as described above</p>	
<p>Enter the number of findings (if none, enter "0"): <u>0</u></p> <p>Enter the dollar amount of questioned costs (if none, enter "\$0"): <u>0</u></p>	
<p>Were material weaknesses noted in the report or opinion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>13. Which of the following best describes the applicant entity's accounting system:</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automated <input type="checkbox"/> Combination of manual and automated</p>	
<p>14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>



<p>17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>PROPERTY STANDARDS AND PROCUREMENT STANDARDS</p>	
<p>20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>TRAVEL POLICY</p>	
<p>24. Does the applicant entity:</p> <p>(a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) adhere to the Federal Travel Regulation (FTR)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>SUBRECIPIENT MANAGEMENT AND MONITORING</p>	
<p>25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p><input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>



<p>26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>
<p>27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

<p>28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)</p> <p>If "Yes", provide the following:</p> <p>(a) Name(s) of the federal awarding agency: [REDACTED]</p> <p>(b) Date(s) the agency notified the applicant entity of the "high risk" designation: [REDACTED]</p> <p>(c) Contact information for the "high risk" point of contact at the federal agency: Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]</p> <p>(d) Reason for "high risk" status, as set out by the federal agency: [REDACTED]</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
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CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: Cynthia Lindsay	Date: 08/09/2021
Title: <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chairman <input type="checkbox"/> Other: [REDACTED]	
Phone: 407-688-5020	

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: 08/02/2021	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: City Of Sanford	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 596000425	* c. Organizational DUNS: 0647960890000

d. Address:

* Street1:	PO Box 1788
Street2:	_____
* City:	Sanford
County/Parish:	Florida
* State:	FL: Florida
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	32772-1788

e. Organizational Unit:

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

Prefix: _____	* First Name: Jennifer
Middle Name: _____	
* Last Name: Peickert	
Suffix: _____	
Title: Administrative Service Manager	
Organizational Affiliation: Sanford Police Department	
* Telephone Number: 4076885070	Fax Number: _____
* Email: Jennifer.peickert@sanfordfl.gov	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2021-35004

* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

C-BJA-2021-00150-PROD

Title:

Category 2 - Applicants with eligible allocation amounts of \$25,000 or more

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

Add Attachment

Delete Attachment

View Attachment

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

Portable finger scanners

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="36,500.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="36,500.00"/>

*** 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 in attachment.)**

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Sanford Police Department"/> * Street 1: <input type="text" value="815 Historic Goldsboro Blvd"/> Street 2: <input type="text"/> * City: <input type="text" value="Sanford"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="32771"/> Congressional District, if known: <input type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="height: 100px;"></div>		
6. * Federal Department/Agency: <input type="text" value="Sanford Police Department"/>	7. * Federal Program Name/Description: <input type="text" value="Edward Byrne Memorial Justice Assistance Grant Program"/> CFDA Number, if applicable: <input type="text" value="16.738"/>	
8. Federal Action Number, if known: <input type="text" value="Jennifer"/>	9. Award Amount, if known: \$ <input type="text" value="36,500.00"/>	
10. a. Name and Address of Lobbying Registrant: Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Not applicable"/> Suffix: <input type="text"/> * Street 1: <input type="text" value="N/A"/> Street 2: <input type="text" value="N/A"/> * City: <input type="text" value="N/A"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="32771-1788"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix: <input type="text"/> * First Name: <input type="text" value="Jennifer"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Caldwell"/> Suffix: <input type="text"/> * Street 1: <input type="text" value="815 Historic Goldsboro Blvd, Bianca Gillett"/> Street 2: <input type="text"/> * City: <input type="text" value="Sanford"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="32771-1788"/>		
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 the 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: <input type="text" value="Jennifer Caldwell"/> * Name: Prefix: <input type="text"/> * First Name: <input type="text" value="Jennifer"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Caldwell"/> Suffix: <input type="text"/> Title: <input type="text" value="Administrative Service Manager"/> Telephone No.: <input type="text" value="4076885174"/> Date: <input type="text" value="08/02/2021"/>		
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