

# COUNTY AGENDA REQUEST

Department:

Presenter(s):

Meeting Date:

Type of Request:

Wording for the Agenda:

Approval to accept a grant award for the DUI Accountability Court in the amount of \$12,719 for Law Enforcement services.

Background/History/Details:

This grant will allow for overtime for our surveillance officers as well as equipment to perform duties safely and effectively.

What action are you seeking from the Board of Commissioners?

Approval to accept a supplemental grant award for the DUI Accountability Court in the amount of \$12,719 for Law Enforcement services.

If this item requires funding, please describe:

This is a grant in the amount of \$11,193 (88%) which requires a \$1,526 (12%) match.

Has this request been considered within the past two years?

If so, when?

Is Audio-Visual Equipment Required for this Request?\*

Backup Provided with Request?

**\* All audio-visual material must be submitted to the County Clerk's Office no later than 48 hours prior to the meeting. It is also your department's responsibility to ensure all third-party audio-visual material is submitted at least 48 hours in advance.**

Approved by Finance

Reviewed by Legal

Approved by Purchasing

County Clerk's Approval

Administrator's Approval

Staff Notes:

**OFFICE OF THE GOVERNOR  
CRIMINAL JUSTICE COORDINATING COUNCIL**

**SUBGRANT AWARD**

**SUBGRANTEE:** Fayette County Board of Commissioners

**IMPLEMENTING**

**AGENCY:** Fayette County BOC

**PROJECT NAME:** AC - Local Law Enforcement

**SUBGRANT NUMBER:** K23-8-013

**FEDERAL FUNDS:** \$ 11,193

**MATCHING FUNDS:** \$ 1,526

**TOTAL FUNDS:** \$ 12,719

**GRANT PERIOD:** 01/01/23-06/30/23

This award is made under the Accountability Courts State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits, and to collaborate with pilot programs to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by December 30, 2022.

**AGENCY APPROVAL**

**SUBGRANTEE APPROVAL**



\_\_\_\_\_  
Jay Neal, Director  
Criminal Justice Coordinating Council

Date Executed: 01/01/23

\_\_\_\_\_  
Signature of Authorized Official      Date

\_\_\_\_\_  
Lee Hearn, Chairman, Fayette County BOC  
Typed Name & Title of Authorized Official

\_\_\_\_\_  
58-6000826-001  
Employer Tax Identification Number (EIN)

\*\*\*\*\*

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	01/01/23	9		**	K23-8-013
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	AC - Local Law Enforcement	624.41	\$ 11,193

**CRIMINAL JUSTICE COORDINATING COUNCIL**  
**State of Georgia**  
**FY'23 Accountability Courts - Law Enforcement Officer Grant**

**SPECIAL CONDITIONS**

1. All project costs not exclusively related to activities of the funded law enforcement agency must be approved with a Subgrant Adjustment Request, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.  
Initials \_\_\_\_\_
2. The subgrantee certifies that no funds will be used to for actives unrelated to the accountability court(s).  
Initials \_\_\_\_\_
3. The subgrantee 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 as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.  
Initials \_\_\_\_\_
4. The subgrantee must submit subsequent Subgrant Adjustment Requests to revise the budget, project summary, and implementation plan prior to any substantial changes, but no later than 30 days prior to the end of the Subgrant period.  
Initials \_\_\_\_\_
5. The subgrantee agrees that no funds shall be expensed outside of the approved budget. In addition, any funds spent under this Subgrant award must be expended by the grant end date and not encumbered.  
Initials \_\_\_\_\_
6. The subgrantee agrees that at least 50% of the awarded funds will be spent in the third quarter of the state fiscal year, the remaining 50% in the fourth quarter of the state fiscal year. If this condition is not met, any unused remaining funds from that quarter will be retained by the Council to be managed by the CACJ Funding Committee.  
Initials \_\_\_\_\_
7. This is a reimbursement grant. Requests for reimbursement must be made on a monthly basis. Subgrant Expenditure Reports are due 15 days after the end of the month.  
Initials \_\_\_\_\_
8. The subgrantee certifies that state funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. State 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. If there is a potential presence of supplanting, the subgrantee will be required to document that the reduction in non-state resources occurred for reasons other than the receipt or anticipated receipt of state funds.  
Initials \_\_\_\_\_
9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis by the accountability court using the prescribed format. The subgrantee agrees to assist the accountability court(s) with the collection of law enforcement related data as determined by the Georgia Accountability Courts Data Collection Manual.  
Initials \_\_\_\_\_

10. The subgrantee certifies that 1) title to all equipment and/or supplies purchased with funds under this Subgrant 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 project concludes and/or equipment is no longer utilized for its grant-funded purpose, the Criminal Justice Coordinating Council and the Council of Accountability Court Judges will be informed 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 \_\_\_\_\_

11. Subgrantees must comply with the training requirements as determined by the Council of Accountability Court Judges.

Initials \_\_\_\_\_

12. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the CACJ Funding Committee that the award be rescinded.

Initials \_\_\_\_\_

13. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

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 Criminal Justice Coordinating Council.**

\_\_\_\_\_  
**Authorized Official Signature**

\_\_\_\_\_  
**Date**

Lee Hearn  
**Print Authorized Official Name**

Chairman, Fayette County BOC  
**Title**

# CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: K23-8-013

AGENCY NAME: FAYETTE COUNTY BOARD OF COMMISSIONERS

**1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)**

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

**2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)**

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below.  
A voided check must be attached to ensure proper routing of funds.)

BANK NAME: WELLS FARGO

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000141116628

AGENCY CONTACT NAME: STACY BAYER

AGENCY CONTACT  
TELEPHONE NUMBER: 770-305-5106

AGENCY AUTHORIZED  
OFFICIAL NAME AND TITLE: LEE HEARN - CHAIRMAN, FAYETTE COUNTY BOC

AGENCY AUTHORIZED  
OFFICIAL SIGNATURE: \_\_\_\_\_

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

AGENCY AUTHORIZED  
OFFICIAL SIGNATURE: \_\_\_\_\_

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For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	



# SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons **MUST** complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

## SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

### CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/>	Newly Assigned Supplier ID	
<input type="checkbox"/>	Existing TeamWorks Supplier ID	

### SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Enter Loc#		<i>(Required for Bank Changes)</i>				
<input type="checkbox"/>	Change Address – Enter Addr ID#		<i>(Required for Address Changes)</i>				
<input type="checkbox"/>	Replace Invoicing Address	Loc#	Addr ID#	<input type="checkbox"/>	Replace Remittance Address	Loc#	Addr ID#
<input type="checkbox"/>	HCM Vendor						
<input type="checkbox"/>	Statewide Contract <b>(DOAS Use Only)</b>						
<input type="checkbox"/>	Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority						
<input type="checkbox"/>	Other <i>(Provide Details in Section 6 and Initial)</i>						

## SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) **SUPPLIER USE ONLY**

FEI/SSN/TIN NUMBER: 58-6000826

SUPPLIER NAME: FAYETTE COUNTY BOARD OF COMMISSIONERS

PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME) N/A

ADDRESS: 140 STONEWALL AVENUE W, SUITE 101

CITY: FAYETTEVILLE STATE: GA ZIP CODE: 30214

COUNTRY: UNITED STATES DRIVERS LICENSE #: N/A DL STATE: N/A

PRIMARY#: 770-305-5106 EXT:  SECONDARY#: 770-305-5186 EXT:

LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION) LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: SBAYER@FAYETTECOUNTYGA.GOV

## SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) **SUPPLIER USE ONLY**

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2000141116628

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE. \_\_\_\_\_  
Describe specific purpose

### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: FINANCE@FAYETTECOUNTYGA.GOV

PYMT REMIT EMAIL: SBAYER@FAYETTECOUNTYGA.GOV

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Lee Hearn

Printed Name of Company Officer

Signature of Company Officer

12/8/2022

Date

**SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.**

<input type="checkbox"/>	Deactivate Supplier Profile <i>(Enter justification in Section 6)</i>
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	Add <b>New</b> Bank Account <b>(Must complete Section 3)</b>
<input type="checkbox"/>	Change <b>Existing</b> Bank Account <b>(Must complete Sections 1 &amp; 3)</b>
<input type="checkbox"/>	FEI/TIN Change <b>(Cannot be changed if 1099 applicable)</b>
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <b>Additional</b> Business Address <b>(Must complete Section 2)</b>
<input type="checkbox"/>	Change <b>Existing</b> Business Address <b>(Must complete Sections 1 &amp; 2)</b>
<input type="checkbox"/>	Non- 1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/>
<input type="checkbox"/>	1099-M Enter Code <input type="text"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N Code <input type="text"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID# <input type="text"/> <i>(Enter Address ID # where to mail 1099)</i>
<input checked="" type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>

**SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**

<b>BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY</b>				<b>MINORITY BUSINESS ENTERPRISE (51% Owned):</b>					
<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input checked="" type="checkbox"/>	Not Applicable

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

**SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1)**

Grant Award K23-8-013 Local Law Enforcement

**By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.**

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_