

# ATTACHMENT B

Solicitation Title: Law Enforcement Mental Health and Wellness Act/Solicitation Category:  
Project Title: Santa Barbara County, CA LEMHWA Project Federal Award Amount \$123,596.00  
Project Period: 9/1/21 - 8/31/23 Unpaid Balance: \_\_\_\_\_  
Managing Office: COPS DUNS: 029876773  
DOJ Grant Manager: NICOLE PRUSS COPS ORI: \_\_\_\_\_  
Grant Award Administrator: therylynn.lee@sbcounty.org TIN: 956002833  
FAW Case ID FAW-166389

1. Federal Agency and Organizational Element to Which Report is Submitted: U.S. Department of Justice  
Federal Agency and Organizational Element to Which Report is Submitted

2. Federal Grant Or Other Identifying number: 15JCOPS-21-GG-02136-SLEM  
This is the grant number assigned to the award for this program.

3. Recipient Organization (Name and complete address including Zip code)  
This is the organization name and complete address of the recipient organization.

Recipient Organization Name: SANTA BARBARA, COUNTY OF  
Street 1: 4434 CALLE REAL  
Street 2: \_\_\_\_\_  
City: SANTA BARBARA County: \_\_\_\_\_  
State: CA Province: \_\_\_\_\_  
Country: USA ZIP / Postal Code: 93110

4a. DUNS Number 029876773  
This is the Data Universal Numbering System Number (DUNS) assigned to the recipient organization.

4b. EIN

956002833

This is the Employer Identification Number (EIN) of the recipient organization.

5. Recipient Account Number

Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required.

6. Report Type

A final report shall be submitted within 120 days after the grant period end date. Quarterly

7. Basis Of Accounting

Cash

Specify whether a cash or accrual basis was used for recording transactions related to the award and for preparing this report.

Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.

8. Project/Grant Period

Enter the project/grant period (start and end date). This should encompass the beginning date of the original award and the latest ending date under the award number

From 09/01/2021 To 08/31/2023

9. Reporting Period

Enter the start and end date of the reporting period. Federal Financial Reports will be submitted on a quarterly basis. A final FFR shall be submitted at the completion of the award agreement. The following reporting periods shall be used for quarterly reports: • October 1 – December 31 (due by January 30) • January 1 – March 31 (due by April 30) • April 1 – June 30 (due by July 30) • July 1 – September 30 (due by October 30) Quarterly reports shall be submitted no later than 30 days after the end of each reporting period. Final reports shall be submitted no later than 120 days after the project or grant period end date.

From 07/01/2021 To 09/30/2021

10. Transactions:

Cummulative

Federal Cash:

10a. Cash Receipts

Do not enter any information in this field. COPS, OJP, and OVW do not require a Grantee to report this information.

10b. Cash Disbursements

Do not enter any information in this field. COPS, QJP, and QVW do not require a Grantee to report this information. \_\_\_\_\_

✓ 10c. Cash on Hand (line a minus b)  
Do not enter any information in this field. COPS, QJP, and QVW do not require a Grantee to report this information. \_\_\_\_\_

**Federal Expenditures and Unobligated Balance:**

✓ 10d. Total Federal funds authorized \$123,596.00

The total Federal funds authorized as of the reporting period end date.

✓ 10e. Federal share of expenditures \$0.00

Enter the cumulative amount of federal fund expenditures.

✓ 10f. Federal Share of Unliquidated Obligations  
Enter the cumulative amount for the federal share of unliquidated obligations. On a cash basis, unliquidated obligations are obligations incurred, but not yet paid. They include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients or contractors. On an accrual basis, the obligations are incurred, but the expenditures have not yet been recorded. On the final report, for either cash or accrual basis, this line should be zero (0). Do not include any amount in Line 10f that have been reported in Line 10E. Include the unliquidated obligations that will be expensed by the end of the next quarter. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense will not be incurred by the end of the next quarter.

✓ 10g. Total Federal share (sum of lines e and f) \$0.00

The sum of Lines 10e and 10f.

✓ 10h. Unobligated balance of Federal Funds (line d minus g) \$123,596.00

The amount of Line 10d minus Line 10g.

**Recipient Share:**

✓ 10i. Total recipient share required \_\_\_\_\_  
Enter the total required recipient share for grant period specified in Line 8. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the program. This amount should not include cost sharing and match amounts in excess of the amount required by the program (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost sharing or match than the level required by the program).

✓ 10j. Recipient share of expenditures \$0.00  
Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i.

10k. Remaining recipient share to be provided (line i minus j) \$0.00  
The amount of Line 10i minus 10j.

Program Income:

10i. Total Federal program income earned  
Enter the amount of federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j. If this is a final report, this field is required and may not be left blank, but a zero (0) may be entered.

10m. Program Income expended in accordance with the deduction alternative  
Enter the cumulative amount of program income that was used to reduce the Federal share of the total project costs.

10n. Program Income expended in accordance with the addition alternative  
Enter the cumulative amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.

10o. Unexpended program income (line l minus line m and line n) \$0.00  
The amount of Line 10l from 10m and 10n.

11. Indirect Expense:

11a. Select either Not Applicable or the appropriate indirect cost rate(s).

11b. Enter the indirect cost rate(s) in effect during the reporting period

11c. Enter the beginning and ending effective dates for the rate(s).

11d. Enter the amount of the base against which the rate(s) was applied

11e. The amount of indirect costs charged during the time period specified. (11b x 11d)

11f. Enter the Federal share of the amount in 11e, using a dollar amount, not a percentage.

11a. Type of Rate(s)	11b. Rate	11c. Period From	11c. Period To	11d. Base	11e. Amount Charged	11f. Federal Share
----------------------	-----------	------------------	----------------	-----------	---------------------	--------------------

No Items

11g. Totals	Base Total	Amount Charged Total	Federal Share Total
	\$0.00	\$0.00	\$0.00

12. Additional Information

Enter any remarks, explanations or additional information required. Supporting documents may be added by clicking the "Upload Supporting Documents" button.

Remarks

Uploaded Documents

File Name

No items

> 13.Certification

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Prefix: \_\_\_\_\_

First Name: Divine

Middle Name:

Last Name: Mallow

Suffix:

Title: \_\_\_\_\_

Full Name: Divine Mallow

Email Address: drn4586@sbsheriff.org

Telephone: 805-681-4297

Date: 21-Oct-2021