

Cal EMA

083-00000

Award #

MS10010420

CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

1. **Grant Recipient:** County of Santa Barbara

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. **Implementing Agency:** Sheriff's Department

3. **Project Title:** Marijuana Suppression Program

4. **Grant Period:** 07/01/10 to 6-30-11
12/31/10

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
10/11	5. JAG0	\$275,000	275,000				\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$275,000	275,000	\$275,000	\$0	\$0	\$0	10. Grand Total: \$275,000

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. **Official Authorized to Sign for Applicant/Grant Recipient:**

Federal Employer ID Number: 95-6002833

Name: Bill Brown

Title: Sheriff

Payment Mailing Address: PO Box 6427

City: Santa Barbara Zip: 93160-6427

Telephone: (805) 681-4290
(area code)

FAX: (805) 681-4322
(area code)

Email: wbf4029@sbsheriff.org

Signature

Date: 11/17/2009

[FOR CalEMA USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

CalEMA Fiscal Officer

Date

CalEMA Director (or designee)

Date

Yr: 2010-2011 / Chapter: BA10/ PCA No: 18309

Item: 0690-102-0890

Fed Cat. #: 16.738

Component: 40.30.560

Program: Marijuana Suppression Program (MSP)

Fund: FEDERAL TRUST

Match Req.: None

Project No.: 09JAG0

Amount: \$275,000

AUG 12 2010

530244

Budget Revision Request

BJE 0001133

Budget Journal Entry #

Gov. Code Sec. 29125 & 29130

JE

Related Journal Entry #

Subject / Title: Provide a short description for this budget revision request. For example: "Designate funds for zoning ordinance amendments" or "Distribute proceeds from sale of 2005 COPS".

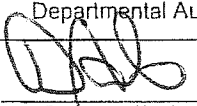
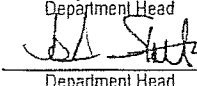

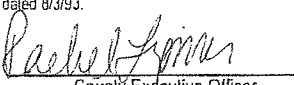
Sheriff & District Attorney: Increase State Revenue for Sheriff by \$275,000 for Marijuana Suppression Program and appropriate expense for 1.0 FTE Deputy Sheriff, materials & equipment, and \$89,725 for District Attorney support

Justification: For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For adjustments to General Fund Contingency: explain why no other alternative funding source is available.

The Sheriff's Office has been awarded \$275,000 in a grant from Cal-EMA to run a Marijuana Suppression Program. The grant pays for an additional Deputy Sheriff position, equipment and supplies and a portion of a District Attorney position. The Sheriff's Office is adding a position for the Deputy Sheriff and the District Attorney will use existing staff to meet the program requirements.

Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund 032 / 0001	Department / Fund 021 / 0001	Department / Fund /	Department / Fund /
Salaries & Benefits	143,632 00	89,725 00	00	00
Services & Supplies	26,539 00	00	00	00
Other Charges	00	00	00	00
Fixed Assets	15,104 00	00	00	00
Other Financing Uses	00	00	00	00
Intrafund Transfers	89,725 00	00	00	00
Reserve or Designation	00	00	00	00
Sources:				
Revenue	275,000 00	00	00	00
Other Financing Sources	00	00	00	00
Intrafund Transfers	00	89,725 00	00	00
Reserve or Designation	00	00	00	00
Effect on Contingency / RE	- 00	00	00	00

Departmental Authorization  Department Head Date 9/9/10  Department Head Date 9/9/10 Department Head Date	Auditor-Controller Budget Journal Entry and Related Journal Entry if applicable Approved as to Accounting Form.  Auditor-Controller	CEO's Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date 9/13/10 Transfer/Revision in Accordance with Board Policy dated 8/3/93.  County Executive Officer	Board of Supervisor's Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date Agenda Item Clerk of the Board of Supervisors
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Budget Journal Entry

Document Number: BJE - 0001133 Batch ID: 1245160
 Document Description: Marijuana Suppression Grant Processed On:
 Post On: Processed By:

References

Audit Trail:

Accounting

Fund	Dept	GL Acct	LI Acct	Debit Amount	Credit Amount	Prog	OUnit	Proj	Budget Period	Description
0001	032	2420	4339	68,750.00		1434	6044	2570	201009	Marijuana Suppression Program
0001	032	2420	4339	68,750.00		1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2420	4339	68,750.00		1434	6044	2570	201103	Marijuana Suppression Program
0001	032	2420	4339	68,750.00		1434	6044	2570	201106	Marijuana Suppression Program
0001	032	2530	6100		35,908.00	1434	6044	2570	201009	Marijuana Suppression Program
0001	032	2530	6100		35,908.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	6100		35,908.00	1434	6044	2570	201103	Marijuana Suppression Program
0001	032	2530	6100		35,908.00	1434	6044	2570	201106	Marijuana Suppression Program
0001	032	2530	7650		9,528.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	7348		12,245.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	7460		3,926.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	7050		840.00	1434	6044	2570	201106	Marijuana Suppression Program
0001	032	2530	8300		15,104.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	9304		22,431.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	9304		22,431.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	9304		22,431.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	032	2530	9304		22,432.00	1434	6044	2570	201012	Marijuana Suppression Program
0001	021	2530	9110	89,725.00		1001		MARIJ	201012	Marijuana Suppression Program
0001	021	2530	6100		89,725.00	1001		MARIJ	201012	Marijuana Suppression Program
Total				364,725.00	364,725.00					

Signatures

Signed By _____ Signed On _____ Department/Agency _____



County of Santa Barbara, FIN

SW

Budget Journal Entry

Douglas Martin 9/9/2010 2:33:04 PM 032 - Sheriff
Joann Slattery 9/9/2010 2:52:59 PM 021 - District Attorney



PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS DIVISION
CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PUBLIC SAFETY BRANCH
3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
TELEPHONE: (916) 324-6724
FAX: (916) 324-9179



August 25, 2010

Ronald LeGault
Lieutenant
Santa Barbara County
4434 Calle Real
Santa Barbara, CA 93160

Dear Lt. LeGault:

SUBJECT: NOTIFICATION OF APPLICATION APPROVAL
Marijuana Suppression (201001319)
Award #: MS10 01 0420
Cal EMA ID#: 083-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$275,000, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

LEVS Grant Processing

Enclosure

c: Recipient's file

RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

IN THE MATTER OF AMENDING)
RESOLUTION NO. 08-295, AS AMENDED)
BEING THE SALARY RESOLUTION OF)
COUNTY OF SANTA BARBARA)

RESOLUTION NO. _____

WHEREAS, Salary Resolution No. 08-295 established a Classification and Compensation Plan, and authorized Departmental Position Allocations effective July 12, 2010; and

WHEREAS, this Board of Supervisors finds that there is good cause for amending said Resolution No. 08-295, as amended, in the manner provided in this Resolution;

NOW, THEREFORE, IT IS HEREBY RESOLVED, AS FOLLOWS:

1. Resolution No. 08-295, adopted by the Board on July 12, 2010, is hereby amended by amending those portions identified below to read as follows, effective September 20, 2010:

Section 4. DEPARTMENTAL POSITION ALLOCATION

<u>DEPARTMENT</u>	<u>BUDGET UNIT</u>	<u>NO. OF POSITIONS</u>	<u>CLASS</u>	<u>TOTAL NO. OF POSITIONS</u>	<u>TITLE</u>	<u>UNIT</u>
032 - SHERIFF	3110	ADD: 1	6905	92	SHERIFFS DEPUTY or	14
			6906		SHERIFFS DEPUTY S/DUTY	14

Section 6. SPECIALIZED DUTIES

The following allowances shall be paid only upon the written certification by the Department Head to the Assistant CEO/Human Resources Director of the names of the eligible employees.

c. Law Enforcement Classifications – Employees who are regularly assigned specialized duties, as authorized by the Department Head, shall be paid at the salary range which is five percent (5%) above the basic salary assigned to their classification. The number of

employees assigned to such specialized duties shall not at any time exceed the number authorized herein:

<u>Department</u>	<u>Classification Title</u>	<u>Maximum No. of Employees Authorized</u>
Sheriff-Coroner	Sheriff's Deputy	92

2. Except as amended by this Resolution, Resolution No. 08-295, as amended, shall continue unchanged and in full force and effect.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California, this _____ day of _____, 2010
by the following vote:

AYES:

NOES:

ABSENT:

JANET WOLF, CHAIR
BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA

ATTESTS:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____ (SEAL)
Deputy Clerk