



[General Instructions & Resources](#)

[View Budget Summary](#)

OMB APPROVAL NO.: 1121-0329  
EXPIRES 7/31/2016

#### Budget Detail Worksheet

- (1) **Purpose:** The Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank. Indicate any **non-federal( match)** amount in the appropriate category, if applicable.
- (2) For each budget category, you can see a sample by clicking **(To View an Example, Click Here)** at the end of each description.
- (3) There are various hot links listed in red in the budget categories that will provide additional information via documents on the internet.
- (4) **Record Retention:** In accordance with the requirements set forth in [2 CFR Part 200.333](#), all financial records, supporting documents, statistical records, and all other records pertinent to the award shall be retained by each organization for at least three years following the closure of the audit report covering the grant period.
- (5) The information disclosed in this form is subject to the Freedom of Information Act under 5 U.S.C. 55.2.

**A. Personnel** – List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. (Note: Use whole numbers as the percentage of time, an example is 75.50% should be shown as 75.50) [To View an Example, Click Here](#)

**PERSONNEL (FEDERAL)**

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
Various	Sheriff Deputy III(s)	\$60.43	Hour	100.00	100	\$6,043
Various	Sheriff Lieutenant(s)	\$87.51	Hour	100.00	25	\$2,188
					FEDERAL TOTAL	\$8,231

**PERSONNEL NARRATIVE (FEDERAL)**

Estimated overtime hours for County of Fresno Sheriff's Office

**PERSONNEL (NON-FEDERAL)**

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
			Hour			\$0
NON-FEDERAL TOTAL						\$0

**PERSONNEL NARRATIVE (NON-FEDERAL)**

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TOTAL PERSONNEL	\$8,231
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**B. Fringe Benefits** – Fringe benefits should be based on actual known costs or an [approved negotiated rate](#) by a Federal agency. If not based on an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation and Unemployment Compensation. (Note: Use decimal numbers for the fringe benefit rates, an example is 7.65% should be shown as .0765) [To View an Example, Click Here](#)

**FRINGE BENEFITS (FEDERAL)**

Description	Computation		Cost
	Base	Rate	
Old Age, Survivor, and Disability Insurance estimated at 7.65%	\$8,231.00	0.0765	\$630
FEDERAL TOTAL			\$630

**FRINGE BENEFITS NARRATIVE (FEDERAL)**

Estimated Old Age, Survivor, and Disability Insurance for overtime hours worked (Sheriff's Office)

**FRINGE BENEFITS (NON-FEDERAL)**

Description	Computation		Cost
	Base	Rate	
			\$0
NON-FEDERAL TOTAL			\$0

**FRINGE BENEFITS NARRATIVE (NON-FEDERAL)**

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TOTAL FRINGE BENEFITS	\$630
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C. **Travel** – Itemize travel expenses of staff personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure in reference to the project objectives. Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate “location to be determined.” Indicate source of Travel Policies applied Applicant or Federal Travel Regulations. Note: Travel expenses for consultants should be included in the “Contractual/Consultant” category. [To View an Example, Click Here](#)

**TRAVEL (FEDERAL)**

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel						\$0.00	
		Other						\$0.00	
		Subtotal						\$0.00	\$0
<b>FEDERAL TOTAL</b>									<b>\$0</b>

**TRAVEL NARRATIVE (FEDERAL)**

**TRAVEL (NON-FEDERAL)**

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel							
		Other						\$0.00	
		Subtotal						\$0.00	\$0
<b>NON-FEDERAL TOTAL</b>									<b>\$0</b>

**TRAVEL NARRATIVE (NON-FEDERAL)**

<b>TOTAL TRAVEL</b>	<b>\$0</b>
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**D. Equipment** – List non-expendable items that are purchased (Note: Organization’s own capitalization policy for classification of equipment should be used). Expendable items should be included in the “Supplies” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. Rented or leased equipment costs should be listed in the “Contractual” category. Explain how the equipment is necessary for the success of the project, and describe the procurement method to be used. [To View an Example, Click Here](#)

**EQUIPMENT (FEDERAL)**

Item	Computation		Cost
	Quantity	Cost	
Equipment for facility improvements	21	\$4,134.66	\$86,828
FEDERAL TOTAL			\$86,828

**EQUIPMENT NARRATIVE (FEDERAL)**

The Probation Department will be utilizing funds for facility improvements including screenings and social distancing enhancements during the 21 month grant period.



**EQUIPMENT (NON-FEDERAL)**

Item	Computation		Cost
	Quantity	Cost	
			\$0
NON-FEDERAL TOTAL			\$0

**EQUIPMENT NARRATIVE (NON-FEDERAL)**

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TOTAL EQUIPMENT	\$86,828
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E. **Supplies** – List items by type (office supplies, postage, training materials, copying paper, and **expendable** equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

[To View an Example, Click Here](#)

**SUPPLIES (FEDERAL)**

Supply Items	Computation		Cost
	Quantity/Duration	Cost	
General medical personal protective equipment for Sheriff's Office including the Jail	21	\$6,060.95	\$127,280
General medical personal protective equipment for Probation including the Detention Center	21	\$1,428.57	\$30,000
FEDERAL TOTAL			\$157,280

**SUPPLIES NARRATIVE (FEDERAL)**

General medical personal protective equipment will be used by all personnel of the Sheriff's Office/Probation Department and includes Disinfecting/Sanitizing Wipes, Hand Sanitizers, Disinfecting Sprays, Gallons of 99% Alcohol, N95 Masks, Surgical Disposable Masks, Disposable Medical Gloves, Disposable Shoe Covers, Disposable Surgical Gowns, Plastic Face Shields, Disposable Hair Bonnets, Biohazardous Bags, Sterilization/Sanitization bags, Forehead Thermometers, Safety Glasses, Power Sprayers, Batteries, Buckets, Step Cans, and other items needed to address the medical needs of inmates in the Sheriff's County Jail and Probation's Detention Centers during the 21 month grant period.

**SUPPLIES (NON-FEDERAL)**

Supply Items	Computation		Cost
	Quantity/Duration	Cost	
			\$0
NON-FEDERAL TOTAL			\$0

**SUPPLIES NARRATIVE (NON-FEDERAL)**

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TOTAL SUPPLIES	\$157,280
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F. **Construction** – Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Minor repairs and renovations should be classified in the "other" category. Consult with the program office before budgeting funds in this category. [To View an Example, Click Here](#)

**CONSTRUCTION (FEDERAL)**

Purpose	Description of Work	Cost
	FEDERAL TOTAL	\$0

**CONSTRUCTION NARRATIVE (FEDERAL)**

**CONSTRUCTION (NON-FEDERAL)**

Purpose	Description of Work	Cost
NON-FEDERAL TOTAL		\$0

**CONSTRUCTION NARRATIVE (NON-FEDERAL)**

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TOTAL CONSTRUCTION	\$0
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G. **Consultants/Contracts** – Indicate whether applicant’s formal, written Procurement Policy or the [Federal Acquisition Regulations](#) are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$650 per day or \$81.25 per hour require additional justification and prior approval from OJP. [To View an Example, Click Here](#)

**CONSULTANT FEES (FEDERAL)**

Name of Consultant	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
			8 Hour Day		\$0
SUBTOTAL					\$0

**CONSULTANT FEES NARRATIVE (FEDERAL)**

**CONSULTANT FEES (NON-FEDERAL)**

Name of Consultant	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
			8 Hour Day		\$0
SUBTOTAL					\$0

**CONSULTANT FEES NARRATIVE (NON-FEDERAL)**

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.). This includes travel expenses for anyone who is not an employee of the applicant such as participants, volunteers, partners, etc.

**CONSULTANT EXPENSES (FEDERAL)**

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel						\$0.00	
		Other						\$0.00	
		Subtotal						\$0.00	\$0
SUBTOTAL									\$0
FEDERAL TOTAL									\$0

**CONSULTANT EXPENSES NARRATIVE (FEDERAL)**



**CONSULTANT EXPENSES (NON-FEDERAL)**

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel							
		Other						\$0.00	
		Subtotal						\$0.00	\$0
SUBTOTAL									\$0
NON-FEDERAL TOTAL									\$0

**CONSULTANT EXPENSES NARRATIVE (NON-FEDERAL)**

TOTAL CONSULTANTS	\$0
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**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$150,000. A sole source contract may not be awarded to a commercial organization that is ineligible to receive a direct award. Note: This budget category may include subawards.

**CONTRACTS (FEDERAL)**

Item	Cost
FEDERAL TOTAL	\$0

**CONTRACTS NARRATIVE (FEDERAL)**

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**CONTRACTS (NON-FEDERAL)**

Item	Cost
NON-FEDERAL TOTAL	\$0

**CONTRACTS NARRATIVE (NON-FEDERAL)**

TOTAL CONSULTANTS/CONTRACTS \$0

**H. Other Costs** – List items (e.g., rent ( [arms-length transaction only](#) ), reproduction, telephone, janitorial or security services, and investigative or [confidential](#) funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent or provide a monthly rental cost and how many months to rent. The basis field is a text field to describe the quantity such as square footage, months, etc. [To View an Example. Click Here](#)

**OTHER COSTS (FEDERAL)**

Description	Computation				Cost
	Quantity	Basis	Cost	Length of Time	
					\$0
FEDERAL TOTAL					\$0

**OTHER COSTS NARRATIVE (FEDERAL)**

**OTHER COSTS (NON-FEDERAL)**

Description	Computation				Cost
	Quantity	Basis	Cost	Length of Time	
					\$0
NON-FEDERAL TOTAL					\$0

**OTHER COSTS NARRATIVE (NON-FEDERAL)**

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TOTAL OTHER COSTS	\$0
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**I. Indirect Costs** – Indirect costs are allowed if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a [fully executed, negotiated agreement](#) ), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's [cognizant Federal agency](#) , or the applicant may elect to charge a de minimis rate of 10% of modified total direct costs as indicated in [2 CFR Part 200.414f](#) . If the applicant's accounting system permits, costs may be allocated in the direct cost categories. (Use whole numbers as the indirect rate, an example is an indirect rate of 15.73% should be shown as 15.73) [To View an Example, Click Here](#)

**INDIRECT COSTS (FEDERAL)**

Description	Computation		Cost
	Base	Rate	
			\$0
FEDERAL TOTAL			\$0

**INDIRECT COSTS NARRATIVE (FEDERAL)**

**INDIRECT COSTS (NON-FEDERAL)**

Description	Computation		Cost
	Base	Rate	
			\$0
NON-FEDERAL TOTAL			\$0

**INDIRECT COSTS NARRATIVE (NON-FEDERAL)**

TOTAL INDIRECT COSTS	\$0

**Budget Summary** – When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds that will support the project.

Budget Category	Federal Request	Non-Federal Amounts	Total
A. Personnel	\$8,231	\$0	\$8,231
B. Fringe Benefits	\$630	\$0	\$630
C. Travel	\$0	\$0	\$0
D. Equipment	\$86,828	\$0	\$86,828
E. Supplies	\$157,280	\$0	\$157,280
F. Construction	\$0	\$0	\$0
G. Consultants/Contracts	\$0	\$0	\$0
H. Other	\$0	\$0	\$0
Total Direct Costs	\$252,969	\$0	\$252,969
I. Indirect Costs	\$0	\$0	\$0
<b>TOTAL PROJECT COSTS</b>	\$252,969	\$0	\$252,969

<b>Federal Request</b>	\$252,969
<b>Non-Federal Amount</b>	\$0
<b>Total Project Cost</b>	\$252,969

*Public Reporting Burden*

*Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a current valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is four (4) hours per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write the Office of Justice Programs, Office of the Chief Financial Officer, 810 Seventh Street, NW, Washington, DC 20531; and to the Public Use Reports Project, 1121-0188, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.*





**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: County of Fresno, Sheriff's Office  
 Street1: 2200 Fresno Street  
 Street2:  
 City: Fresno  
 State: CALIFORNIA  
 Zip Code: 93721

**2. Authorized Representative's Name and Title:**

Prefix: Mr. First Name: Ernest Buddy Middle Name:  
 Last Name: Mendes Suffix:  
 Title: Chairman, Fresno County Board of Supervisors

3. Phone: (559) 600-8575 4. Fax:

5. Email: june.mayeda@fresnosheriff.org

6. Year Established: 1927	7. Employer Identification Number (EIN): REDACTED	8. DUNS Number: REDACTED
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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**

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)?

Yes  No

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)?

Yes  No

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.

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.

10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):

- "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200
- Financial Statement Audit
- Defense Contract Agency Audit (DCAA)
- Other Audit & Agency (list type of audit):

None (if none, skip to question 13)

11. Most Recent Audit Report Issued:  Within the last 12 months  Within the last 2 years  Over 2 years ago  N/A

Name of Audit Agency/Firm: **Brown Armstrong Certified Public Accountants**

**AUDITOR'S OPINION**

12. On the most recent audit, what was the auditor's opinion?

- Unqualified Opinion
- Qualified Opinion
- Disclaimer, Going Concern or Adverse Opinions
- N/A: No audits as described above

Enter the number of findings (if none, enter "0"): **0**

Enter the dollar amount of questioned costs (if none, enter "\$0"): **\$ 0**

Were material weaknesses noted in the report or opinion?  Yes  No

13. Which of the following best describes the applicant entity's accounting system:

- Manual
- Automated
- Combination of manual and automated

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?

Yes  No  Not Sure

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?

Yes  No  Not Sure

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?

Yes  No  Not Sure



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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>PROPERTY STANDARDS AND PROCUREMENT STANDARDS</b>	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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 ( <a href="http://www.sam.gov">www.sam.gov</a> ) for suspended or debarred sub-grantees and contractors, prior to award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>TRAVEL POLICY</b>	
24. Does the applicant entity: (a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) adhere to the Federal Travel Regulation (FTR)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SUBRECIPIENT MANAGEMENT AND MONITORING</b>	
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)?	<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



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?	<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
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?	<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

**DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES**

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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
If "Yes", provide the following:	
(a) Name(s) of the federal awarding agency: [Redacted]	
(b) Date(s) the agency notified the applicant entity of the "high risk" designation: [Redacted]	
(c) Contact information for the "high risk" point of contact at the federal agency:	
Name:	[Redacted]
Phone:	[Redacted]
Email:	[Redacted]
(d) Reason for "high risk" status, as set out by the federal agency:	
[Redacted]	

**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: Ernest Buddy Mendes	Date: 2020-05-26
Title: <input type="checkbox"/> Executive Director <input type="checkbox"/> Chief Financial Officer <input checked="" type="checkbox"/> Chairman <input type="checkbox"/> Other: [Redacted]	
Phone: (559) 600-1231	

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input 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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: County of Fresno Sheriff's Office 2200 Fresno Street Fresno, CA 93721  Congressional District, if known: _____		<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known: _____	
<b>6. Federal Department/Agency:</b> U.S. Department of Justice Office of Justice Programs Bureau of Justice Assistance		<b>7. Federal Program Name/Description:</b> Coronavirus Emergency Supplemental Funding Program Solicitation FY 2020 Formula Grant Solicitation CFDA Number, if applicable: 16.034	
<b>8. Federal Action Number, if known:</b>		<b>9. Award Amount, if known:</b> \$ 252,969.00	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> Carpi & Clay Government Relations 601 New Jersey Ave NW, Suite 300 Washington, DC 20001		<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> Morgan-Kessler, Laura	
<b>11.</b> 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 this 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: <u>Margaret Mims</u> Print Name: <u>Margaret Mims</u> Title: <u>Sheriff-Coroner-Public Administrator</u> Telephone No.: <u>(559) 600-8800</u> Date: <u>6/2/2020</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Coronavirus Emergency Supplemental Funding Program FY 2020 Formula grant  
Solicitation  
County of Fresno's Program Narrative**

The State Department of Finance estimates the total population of Fresno County will be 1,023,358 for 2020 making it the tenth most populous county in California. Fresno County consists of 6,000 square miles of Central California with a diversity of terrain that varies from open farm lands of the western county to rugged mountain peaks of over 11,000 feet to the East in the Sierra Nevada mountain range.

The Fresno County Sheriff's Office is a full Service Law Enforcement Agency with a tradition of providing professional law enforcement services to the people of Fresno County including both metropolitan and rural policing. The varied law enforcement services include(s): patrol, investigations, crime scene evaluation, emergency and disaster operation management, search and rescue operations, prevention and intervention programs, court services, detention and rehabilitation programs. The Sheriff is the Mutual Aid Coordinator for all law enforcement agencies within Fresno County as well as for the Central Valley region of Office of Emergency Services (OES).

The Sheriff's Office operates five (5) substations and three detention facilities. The Sheriff's Office delivers field services to county residents from four rural substations, which utilize Community Oriented Policing methods to better serve the community.

The Fresno County Probation Department provides protection for the community, support for crime victims and an array of services to the Courts. The major functions within the Probation Department include Adult Services, Adult AB 109 Realignment Services, Juvenile Services, Juvenile Detention and Commitment Institutions at the Juvenile Justice Campus, and the Crime Victims Assistance Center.

Probation Officers monitor compliance of approximately 20,000 adult and youthful offenders on felony and misdemeanor probation with specialized caseloads of mental health, gang, high violent, DUI, domestic violence, and sex offenders. Probation Departments are tasked with writing pre-sentence reports for convicted felons, as well as representing the department in court on probation matters.

Juvenile supervision services provide the means necessary for delinquency free lifestyles through school prevention programs, intervention and evidenced-based programs that allow for change in behaviors, Efforts include the Truancy Intervention Program, Campus Program, Juvenile Drug Court, the Mental Health Collaborative/Behavioral Health Court and "Friday Court" (Human Trafficking).

Detention and Commitment Facilities located at the Juvenile Justice Campus (JJC) provide specialized programming with a focus on Evidence Based Practices that continue to address the multi-level rehabilitative and security needs of youthful offenders. Youth detained or committed to the JJC receive educational, medical and behavioral health care services. Youth also receive formalized transition services

pending their release from the JJC. Once released, the transition case plans incorporate court ordered activities, school requirements, family needs, and employment readiness in preparation for reintegration into the community.

The Probation Department operates at the JJC and five office locations.

The Coronavirus Emergency Supplemental Funding (CESF) will assist the County of Fresno Sheriff's Office and Probation Department to prevent, prepare for, and respond to the Coronavirus (COVID-19) for twenty-one months from March 1, 2020 through January 15, 2022. A portion of the CESF funds will be used to fund the Sheriff's estimated overtime in response to COVID-19. The majority of the funds will be used to provide law enforcement's medical personal protective equipment and addressing the medical needs of inmates in the jails and juvenile detention centers by providing maintenance of operations needs to respond to COVID-19 including disinfecting/sanitizing wipes, hand sanitizers, disinfecting sprays, gallons of 99% alcohol, N95 masks, surgical disposable masks, disposable medical gloves, disposable shoe covers, disposable surgical gowns, plastic face shields, disposable hair bonnets, biohazardous bags, sterilization/sanitization bags, forehead thermometers, safety glasses, power sprayers, batteries, buckets, step cans, and other items needed to respond to COVID-19 state guidelines. The remainder of the funds will be used for the Probation Department's facility improvements including screenings and social distancing enhancements such as barriers to meet State COVID-19 guidelines for the whole department. As State and Federal funds continue to decline, the lack of funding to respond to COVID-19 becomes a greater concern for citizen safety as well as officer safety.