

**City of Fayetteville Staff Review Form**

**2017-0446**

**Legistar File ID**

**9/5/2017**

**City Council Meeting Date - Agenda Item Only  
N/A for Non-Agenda Item**

Greg Tabor

8/18/2017

POLICE (200)

**Submitted By**

**Submitted Date**

**Division / Department**

**Action Recommendation:**

Staff recommends acceptance of the 2017-18 Arkansas State Drug Crime Enforcement and Prosecution (DF) Grant award for state funding of the 4th Judicial District Drug Task Force (DTF) in the amount of \$122,436.75.

**Budget Impact:**

2930.200.2960-various

Drug Enforcement

Account Number

Fund

Project Number

Project Title

Budgeted Item? Yes

Current Budget \$ 647,540.00

Funds Obligated \$ 338,671.17

Current Balance **\$ 308,868.83**

Does item have a cost? No

Item Cost

Budget Adjustment Attached? No

Budget Adjustment

Remaining Budget **\$ 308,868.83**

V20140710

Previous Ordinance or Resolution # \_\_\_\_\_

Original Contract Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Comments: Please sign in BLUE INK.




CITY OF  
**FAYETTEVILLE**  
ARKANSAS

## CITY COUNCIL AGENDA MEMO

### MEETING OF SEPTEMBER 5, 2017

**TO:** Mayor and City Council

**FROM:** Greg Tabor, Chief of Police 

**DATE:** August 18, 2017

**SUBJECT:** Arkansas State Drug Crime Enforcement and Prosecution Grant Award

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### RECOMMENDATION:

Staff recommends acceptance of the 2017-18 Arkansas State Drug Crime Enforcement and Prosecution (DF) Grant award for state funding of the 4<sup>th</sup> Judicial District Drug Task Force (DTF) in the amount of \$122,436.75.

### BACKGROUND:

The Arkansas Department of Finance and Administration (ADF&A) has provided federal and state grant funding to the City of Fayetteville for multi-jurisdictional drug task force activities since 1991. Participating law enforcement agencies include Fayetteville, Springdale, Prairie Grove, Farmington, Lincoln, Greenland, West Fork, Elkins, Goshen, Tontitown, and Washington County. The DTF Control Group consists of top law enforcement officials from Fayetteville, Springdale, Prairie Grove, and Washington County. Fayetteville continues to provide fiduciary oversight of this grant and provides a DTF Supervisor, three (3) DTF Officers, and a DTF Secretary. Springdale provides two (2) DTF Officers and Washington County provides a DTF Officer. Also, Prairie Grove provides a DTF Officer which represents the rural agencies.

### DISCUSSION:

ADF&A's Office of Intergovernmental Services is offering continuation grant funding through the DF in the following amounts: state - \$122,437 and local match - \$33,610. The DF grant defines required local matching funds based on a percentage split of 80/20 in awarded state funds plus local match funds. To receive these grant funds, the 4<sup>th</sup> DTF and member agencies must commit to the local match.

### BUDGET/STAFF IMPACT:

No increase in budgeted funds are required. The current DTF budget will be sufficient for the balance of 2017. The local match and non-grant funded activity for 2018 will be

requested within the 2018 budget process. This grant funding will have no impact on current staffing levels.

**Attachments:**

- 4<sup>th</sup> JDDTF Award Document 2017-18
- DF Grant Award Conditions 2017-18
- DF Approved Budget 2017-18
- Designation of Acting Authorized Official



**ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION**

**OFFICE OF INTERGOVERNMENTAL SERVICES**  
1515 West Seventh Street, Suite 400  
P. O. Box 8031  
Little Rock, Arkansas 72203-8031  
Phone: (501) 682-1074  
Fax: (501) 682-5206  
<http://www.state.ar.us/dfa>

<input type="checkbox"/>	JAG	<input type="checkbox"/>	RSAT
<input checked="" type="checkbox"/>	DCF	<input type="checkbox"/>	LLEBG

**Arkansas State Drug Crime Enforcement  
and Prosecution Grant Fund**

**CFDA #: N/A**

**1. SUBGRANTEE NAME AND ADDRESS (Including Zip Code)**

Mr. Lioneld Jordan, Mayor  
4th JD DTF  
113 West Mountain Street  
Fayetteville, AR. 72701

**4. SUBGRANT NUMBER: J17-004-DF**

**5. START DATE:** July 1, 2017  
**END DATE:** June 30, 2018  
**6. AWARD DATE:** August 9, 2017

**2. MODIFICATION EFFECTIVE DATE:**

**7. ACTION:**  Initial  
 Modification

**2A. MODIFICATION AMOUNT** \$  
STATE MATCH \$  
LOCAL MATCH \$

**8. AWARD AMOUNT** \$ 156,045.94  
STATE AMOUNT \$ 122,436.75  
LOCAL MATCH \$ 33,609.19

**3. PROJECT DESCRIPTION:**  
Identify arrest and prosecute individuals who are manufacturing, selling, or transporting drugs in or through the program's jurisdictional area of operations.

**9. SPECIAL CONDITIONS (check if applicable)**

THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS SET FORTH IN IT'S APPLICATION AND ALL CERTIFICATIONS, ASSURANCES AND SPECIAL CONDITIONS PREVIOUSLY AGREED TO.

**This project is supported under Act 1086 of 2007: The State Drug Crime Enforcement and Prosecution Grant Fund**

AGENCY APPROVAL		SUBGRANTEE APPROVAL	
10. TYPED NAME AND TITLE OF APPROVING IGS OFFICIAL  Doris Smith, Administrator Intergovernmental Services		12. TYPED NAME AND TITLE OF AUTHORIZED SUBGRANTEE OFFICIAL  Lioneld Jordan, Mayor 4th JD DTF	
11. SIGNATURE OF APPROVING OFFICIAL		13. SIGNATURE OF AUTHORIZED OFFICIAL	14. DATE

## POST AWARD REQUIREMENTS FOR DRUG CRIME FUND SUB-RECIPIENTS

### 2017-18 STATE DRUG CRIME FUND (DCF)

#### DFA/IGS GRANT CONDITIONS

1. The sub-recipient must comply with Act 1086 of 2007: The State Drug Crime Enforcement and Prosecution Grant Fund <http://www.arkleg.state.ar.us/assembly/2007/R/Acts/Act1086.pdf>
2. The sub-recipient agrees to prepare and submit an *Inventory Report* for equipment purchased with federal, state, and/or local matching funds with the *1<sup>st</sup> Quarterly Report*.
3. The sub-recipient agrees to prepare and submit a *Monthly Request for Reimbursement Form* (with copies of invoices, cancelled checks, and other documentation of expenditures by line item) by the 15<sup>th</sup> day of each month following the month for which subgrant expenditures were paid. A supporting document(s) (Excel Spreadsheet) reporting the allocation of subgrant expenditures between federal, state and/or local funds shall accompany each Request for Reimbursement. Reimbursement requests must be timely. Documentation must be appropriate, legible, and accurate. Sub-recipients are **required** to submit requests monthly, even if the request is zero. Failure to submit monthly reimbursement requests in a timely manner may impose additional special conditions. Please note and acknowledge the additional items below.
  - a. Grant funds will be used only in accordance with the approved budget. Expenditures incurred or made outside the approved budget line items/categories will be disallowed.
  - b. All lease agreements (i.e. vehicle, storage, office space, and/or rental) must be submitted to DFA-IGS for the file within 60 days of the award date.
  - c. Preapproval is required for out of state travel. Prior to travel, sub-recipient must submit an out-of-state travel request form to IGS for approval no later than 30 days before the travel. IGS will provide the standard form to use. Expense incurred for out of state travel that is not pre-approved by IGS will be disallowed.
  - d. Uniform allowance is limited to the purchase of standard officer uniform, hazardous material uniform and necessary hazmat accessories. Undercover officers may not use the uniform allowance to purchase plain clothes.
  - e. Lease cost for vehicles may not exceed \$600 per month per vehicle.
  - f. Health Insurance premiums and retirement benefits are limited to the maximums paid by the State of Arkansas for its employees. At the time of this award, health insurance maximum is \$450 and retirement maximum rate is 14.75%
  - g. The purchase of weapons, lethal or non-lethal and ammunition for those weapons is an unallowable expense.
  - h. The purchase of drug interdiction canine is unallowable.
  - i. The use and fund of "Buy Money" is an unallowable cost under this award.
  - j. Before unique purchases, review federal/state solicitations and be aware of other unallowable items or items that require special conditions for approval.
4. The sub-recipient agrees to prepare and submit *Quarterly Reports* by the 10<sup>th</sup> of the month following the end of a quarter. Report due dates are October 10<sup>th</sup>, January 10<sup>th</sup>, April 10<sup>th</sup>, and July 10<sup>th</sup>. Sub-recipient must utilize the Accountability Measures Quarterly Report Tool when submitting quarterly reports. Failure to submit quarterly reports in a timely manner may result in suspension of funds.
5. *Budget Modifications/Revision Requests* must be submitted by the 10<sup>th</sup> of the month in order for them to be considered for expenditures made during that month. Budget revisions will not be accepted during the last month of the grant period absent extraordinary circumstances. Sub-recipient may request modification of the approved budget to reallocate funds between existing categories. Requests for the addition of new budget categories or line items may not be approved. The final budget request modification/revision must be submitted no later than May 10<sup>th</sup>. DFA-IGS will only accept four (4) budget modifications request during the

awarded project period. **This does not include the initial budget modification which is due within 45 days of the Award Date.**

6. The subrecipient agrees to submit within **thirty (30) days** of the end of the grant period a *Cumulative Financial Report and Annual Narrative Report* "MARKED FINAL." Reimbursement requests not submitted by ninety days past the final day of the grant period will be denied payment subject extraordinary circumstances. Absent such circumstances, the federal and/or state funds will be deobligated from the subaward.
7. The sub-recipient agrees to provide notification to IGS of all changes made to the General Project Information, i.e. contact information-name, address, telephone, fax, e-mail, etc. and changes made to authorized officials and/or staffing. The sub-recipient will assure that DFA-IGS has complete and correct contact information for the Contract Official for the grant, the DTF Director/Commander, and the Fiscal Officer. Changes in contact information will include physical address, phone, fax and e-mail information as well as updated Memorandum of Understanding. Replacement or changes of DTF officers/staff who are paid directly by the grant or whose salary is used in whole or in part as match to the grant must also be reported the DFA-IGS.
8. The sub-recipient agrees to attend any required DFA-IGS sponsored trainings/meetings as deemed necessary as well as other local trainings/meetings.
9. The sub-recipient understands that **prior written approval** is required for subgrant expenditures from federal and/or state funds budgeted in equipment and travel and training line items. The subrecipient shall submit to IGS a written request to purchase small equipment items not approved in the initial budget and submit a written request for use of funds for out-of-state travel and training. Federal and/or state funds budgeted for these purposes shall neither be obligated nor expended until approved by IGS and/or the Law Enforcement Committee. All approvals will be transmitted in written form to the subrecipient.
10. The subrecipient shall ensure that federal and/or state matching funds are used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Federal and/or state matching funds made available under this grant will be used to increase the amount of funds that would, in the absence of federal and/or state matching funds, be made available for law enforcement activities. If there is a potential presence of supplanting, the subrecipient will supply documentation demonstrating that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds.


For example, no maintenance and operation costs previously funded by a state, city or county government may be supported with Drug Crime Fund and/or state matching funds. Any federal and/or state matching funds budgeted to supplement existing state and/or local funds due to increased maintenance and operation costs (e.g. fuel, utilities, etc.) shall not be used until all state and/or local funds budgeted for those costs are exhausted.

11. The sub-recipient understands that should it fail to comply with the terms and conditions of this subaward, including civil rights requirements, whether stated in a Federal or State statute, regulation, assurance, application, or notice of award, IGS may take one or more of the following actions, as appropriate in the circumstances: (1) temporarily withhold cash payments pending correction of the deficiency by the recipient; (2) disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance; (3) wholly or partly suspend or terminate the current award; (4) withhold further awards for the project or program and (5) take other remedies that may be legally available.

#### SUBRECIPIENT ACCEPTANCE OF DCF GRANT CONDITIONS

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Fiscal Officer

8-14-2017  
Date



APPROVED BUDGETS

AGENCY NAME:	SUBGRANT NO:		PROJECT PERIOD:	
4th JD DTF (City of Fayetteville)	J17-004-DF		July 1, 2017-June 30, 2018	
	ORIGINAL_BUDGET		REVISION_1	
BUDGETED LINE ITEM	ORIGINAL BUDGET AMOUNT (\$)	ORIGINAL BUDGET AMOUNT (L)	REVISION 1 AWARDED AMOUNT (\$)	REVISION 1 AWARDED AMOUNT (L)
<b>SALARIES</b>				
SALARIES 01-Supervisor-French	21,661.54	7,645.25		
SALARIES 02	21,753.33	3,412.28		
SALARIES 03	19,800.80	3,106.02		
SALARIES 04	19,734.36	3,095.58		
<b>MANDATED BENEFITS</b>				
<b>EMPLOYER BENEFITS</b>				
<b>MAINTENANCE AND OPERATIONS</b>				
<b>PROFESSIONAL SERVICES</b>				
Contract Labor-Springdale PD	15,721.23	5,548.67		
Contract Labor-Washington Co	14,736.67	5,201.18		
Contract Labor-Prairie Grove PD	9,028.82	5,600.21		
<b>PROFSERV 04</b>				
<b>TRAVEL/ TRAINING</b>				
<b>EQUIPMENT</b>				
<b>CAPITAL OUTLAY</b>				
<b>TOTAL</b>	<b>\$ 122,436.75</b>	<b>\$ 33,609.19</b>	<b>\$ -</b>	<b>\$ -</b>

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

*Walter H. Hester* 8-14-2017  
\_\_\_\_\_  
Signature of Fiscal Officer/Date

Category	State	Local	State	Local
SALARIES	82,950.03	17,259.13	-	-
MANDATED BENEFITS	-	-	-	-
EMPLOYER BENEFITS	-	-	-	-
MAINTENANCE AND OPERATIONS	-	-	-	-
PROFESSIONAL SERVICES	39,486.72	16,350.06	-	-
TRAVEL/ TRAINING	-	-	-	-
EQUIPMENT	-	-	-	-
CAPITAL OUTLAY	-	-	-	-
<b>TOTAL</b>	<b>\$ 122,436.75</b>	<b>\$ 33,609.19</b>	<b>\$ -</b>	<b>\$ -</b>

Category	State	Local	TOTALS
SALARIES	(82,950.03)	(17,259.13)	\$ (100,209.16)
MANDATED BENEFITS	-	-	\$ -
EMPLOYER BENEFITS	-	-	\$ -
MAINTENANCE AND OPERATIONS	-	-	\$ -
PROFESSIONAL SERVICES	(39,486.72)	(16,350.06)	\$ (55,836.78)
TRAVEL/ TRAINING	-	-	\$ -
EQUIPMENT	-	-	\$ -
CAPITAL OUTLAY	-	-	\$ -
<b>TOTAL</b>	<b>\$ (122,436.75)</b>	<b>\$ (33,609.19)</b>	<b>\$ (156,045.94)</b>



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF INTERGOVERNMENTAL SERVICES

**REQUEST TO DESIGNATE AN ACTING AUTHORIZED OFFICIAL**

<b>SUBGRANT ORGANIZATION</b>		4th Judicial District Drug Task Force		
<b>AUTHORIZED OFFICIAL (PRINT NAME)</b>		Lioneld Jordan, Mayor		
<b>SUBGRANT NUMBER</b>	J17-004-DF	<b>SUBGRANT PERIOD:</b>	FROM 07/01/2017	TO 06/30/2018

As the highest-ranking official of the above named organization's governing body, I hereby request the Office of Intergovernmental Services, to recognize the individual listed below as authorized to act on my behalf in matters regarding the above-referenced subgrant and project period.

I will ensure that I am kept appropriately apprised of project performance, expenditures and other areas of administrative responsibility through this individual. I understand and accept that my designation of authority will in no way release this organization from any liability.

This authority specifically allows my designee to execute budget documents and reimbursement requests, and to speak to IGS staff regarding matters related to the grant.

\_\_\_\_\_  
AUTHORIZED OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

- Board President
- County Judge
- Mayor
- Elected Prosecutor
- Other Authorized Official

PROPOSED ACTING AUTHORIZED OFFICIAL			
<b>PRINT NAME/TITLE</b>	Willie Newman, 4th JDDTF Fiscal Officer		
<b>TELEPHONE NUMBER</b>	479-587-3581	<b>E-MAIL</b>	wnewman@fayetteville-ar.gov

Having read the above referenced subgrant and all attachments, I certify that I will perform on behalf of this organization's authorized official, I am prepared to oversee all matters related to the subgrant in accordance with all state and federal laws and regulations.

Willie Newman \_\_\_\_\_ DATE 8-14-2017  
ACTING AUTHORIZED OFFICIAL SIGNATURE