

AMENDED ITEM—DECEMBER 7, 2020

CONSENT AGENDA:

**I. COVID Emergency Supplemental Funding for Sheriff's Office**

SUGGESTED MOTION:

Move to authorize the chair to sign a grant for Coronavirus Emergency Supplemental Funding (CESF) for the Sheriff's Office to cover expenses for supplies and professional sanitizing the jail facility.



# Coronavirus Emergency Supplemental Funding (CESF)

Bureau of Justice Assistance

ND OFFICE OF ATTORNEY GENERAL

## Requested Funds Must Be Utilized To Prevent, Prepare For, And Respond To The Coronavirus

Email the completed application to ndag@nd.gov.

**APPLICATION DEADLINE: Friday, December 11, 2020 11:59 PM**

### I – APPLICATION OVERVIEW

<b>Name of Subrecipient</b> - <i>Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.</i>	DUNS Number	Subrecipient Phone Number	
Subrecipient Address	City	State	Zip Code
Subrecipient Contact Name	Title	E-Mail Address	

<b>Name of Authorized Official</b> - <i>The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples: mayor, city or county auditor, director of the state agency, tribal chairperson.</i>	Name:		
E-Mail Address	Title:		
Street Address	Telephone Number		
	City	State	Zip Code

<b>Implementing Agency Name</b>			
<b>Project Director Name</b> - <i>The project director has direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General.</i>	Name:		
Email Address	Title:		
Agency Street Address	Telephone Number		
	City	State	Zip Code

<b>Fiscal Officer Name</b> - <i>The fiscal officer prepares and submits all financial reports as required by the Office of Attorney General and has responsibility for the financial administration of the project.</i>	Name:		
Email Address	Title:		
Agency Street Address	Telephone Number		
	City	State	Zip Code

### II - AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements, that all information presented is correct, and that the applicant will comply with the provisions of the grant and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

\_\_\_\_\_  
Signature of Authorized Official (political subdivision)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Officer

\_\_\_\_\_  
Date

**III - BUDGET NARRATIVE & CALCULATIONS - Totals must equal budget summary total for each section. Applicants should indicate the total cost for each category of the proposed project, and indicate what portion of that project will be funded by this award, and what portion will be funded through other means.**

**A. Overtime** - List overtime by type of position. Overtime for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. FOR \$/HOUR AND TOTAL HOURS: DO NOT USE CHARACTERS (i.e. \$, commas, letters, etc.) - ONLY USE NUMBERS.

Name/Position -or- Type of Position	\$/Hour	Total Hours	Total Cost
<b>Total Overtime:</b>			

Describe how Overtime will help prevent, prepare for, and respond to the coronavirus.

**B. Equipment (not rented or leased)** - List non-expendable items that are to be purchased that are \$5000 each or more. Items that do not meet these criteria should be considered Supplies. FOR UNIT COST AND QUANTITY: DO NOT USE CHARACTERS (i.e. \$, commas, letters, etc.) - ONLY USE NUMBERS.

Description	Unit Cost	Quantity	Total Cost
<b>Total Equipment:</b>			

Describe how the Equipment will help prevent, prepare for, and respond to the coronavirus.

**C. Supplies** - List items by type (office supplies, postage, copy paper). Generally, supplies include any materials that are expendable or consumed during the course of the project (**includes equipment under \$5000**). FOR UNIT COST AND QUANTITY: DO NOT USE CHARACTERS (i.e. \$, commas, letters, etc.) - ONLY USE NUMBERS.

Description	Unit Cost	Quantity	Total Cost
<b>Total Supplies:</b>			

Describe how the Supplies will help prevent, prepare for, and respond to the coronavirus.

**D. Other Costs - FOR UNIT COST AND QUANTITY: DO NOT USE CHARACTERS (i.e. \$, commas, letters, etc.) - ONLY USE NUMBERS.**

Description	Unit Cost	Quantity	Total Cost
<b>Total Other:</b>			

Describe how the Other Costs will help prevent, prepare for, and respond to the coronavirus.

**IV - BUDGET SUMMARY**

Category	Total Costs
A. Overtime	
B. Equipment	
C. Supplies	
D. Other Costs	
<b>Total Request:</b>	

**V - ADDITIONAL COVID-19 FUNDING SOURCES**

List any COVID-19 funding your agency has received.

Funding Source	Summary of Items Awarded	Total Funds Received

Please submit additional attachments if more space is needed for any budget descriptions.

If you have any questions, please submit them via email to [ndag@nd.gov](mailto:ndag@nd.gov) with a phone number, and grants management will call or email you.