



MEMORANDUM

TO: Cass County Commissioners

FROM: Birch P. Burdick
Cass County State's Attorney

DATE: August 31, 2022

RE: Fiscal agent for Youthworks grant application – Project Safe Neighborhoods

State's Attorney

Birch P. Burdick

Chief Deputy State's Attorney

Tracy J. Peters

Assistant State's Attorneys:

Kara Schmitz Olson

Kimberlee J. Hegvik

Ryan J. Younggren

Renata J. Selzer

Katherine M. Naumann

Joshua J. Traiser

SheraLynn Ternes

Derek K. Steiner

Robert C. Vallie

Paul R. Emerson

Nicholas Samuelson

Tracy Gompf

Katie M. Nechiporenko

Jason Van Horn

Brianna K. Kraft

Victim/Witness Coordinators:

Debbie Tibiatowski

Amy Getz

Elicia DeBlaere

Check Division/ Restitution:

Casidy Heilman

Box 2806

211 Ninth Street South

Fargo, North Dakota 58108

PH: 701-241-5850

Fax: 701-241-5838

This memo is intended to provide you background information about a new grant application which Youthworks is preparing, and to seek your authorization for Cass County to serve as the fiscal agent. I propose this could be a consent agenda item for the next Commission meeting.

Following is a brief description of the situation:

- Project Safe Neighborhoods (PSN) is a U.S. Dept. of Justice initiative intended to help create safer neighborhoods through a reduction in violent crime. It is a collaboration between federal/state/local agencies which is overseen by the local U.S. Attorneys throughout the country.
- I was contacted yesterday by Melanie Heitkamp (Youthworks Exec Dir). Youthworks wants to apply for grant funding to implement a local PSN-related project. If their application is approved and they are awarded funds, they need a local government to serve as a fiscal agent. Cass County has already served in this capacity for Youthworks (e.g., human trafficking grant).
- In the past, in advance of submitting a grant application the applicant would provide paperwork to the Commission to consider acting as fiscal agent. However, the PSN grant deadline is today. Given there was insufficient time to seek Commission pre-approval, but recognizing Cass County has served in this capacity before, we made the following accommodation to Youthworks:
 - Youthworks will submit their grant today.
 - Although they have not yet completed their application, on a preliminary basis Melanie thought they may apply for \$30,000. (This would be PSN grant money. None of the money would come out of Cass County's budget. It would not require a match from Cass County.)
 - Youthworks' grant application will identify Cass County as its fiscal agent. However, Melanie understands that is contingent upon Commission approval. If the Commission

does not approve Cass County serving as fiscal agent, then Youthworks will either withdraw their grant application or, alternatively, look for another entity to replace Cass County as fiscal agent.

This memo is intended to place this topic on the Commission agenda. Youthworks will provide Cass County a copy of the grant-related documents in advance of its meeting.

SUGGESTED MOTION: Authorize Cass County to serve as the fiscal agent on a grant application Youthworks is submitting pursuant to the Project Safe Neighborhoods initiative. Authorize the Finance Director to serve as Cass County's official for this purpose.

PROJECT SAFE NEIGHBORHOODS GRANT FUNDS REQUEST

ND OFFICE OF THE ATTORNEY GENERAL IN CONJUNCTION WITH THE U.S ATTORNEY'S OFFICE DISTRICT OF ND

Project Period 1/1/2023-12/31/2023

I – APPLICATION OVERVIEW

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.			
Subrecipient Level of Government (Check One)			
State	County	City/Town	Indian Tribe

Name of Subrecipient (City, County, State Agency)	Unique Entity Identifier - required	Subrecipient Phone	
Suprecipient Street Address	City	State	Zip Code
Suprecipient Contact Name	Title		
Email Address			

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, or Tribal Chairperson.			
Name of Authorized Official	Title		Phone
Street Address	City	State	Zip Code
Email Address			

The Project Director has the 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. Examples: task force coordinator or executive director.			
Name of Project Director	Title		Phone
Street Address	City	State	Zip Code
Email Address			

The Implementing Agency has direct responsibility for carrying out the activities of the grant.

Name of Implementing Agency

The Fiscal Officer has the responsibility of the financial administration of the project. This person prepares and submits all financial reports as required by the Office of Attorney General. Examples: city or county auditor, fiscal designee, or it can also be the project director.

Name of Fiscal Officer	Title	Phone
Street Address	City	State
Email Address	Zip Code	

PSN Goal Alignment: (select all that apply)

- Community Engagement**
- Prevention and Intervention**
- Focused and Strategic Enforcement**

Multi-agency Project (two or more)?		Multijurisdictional Project (two or more)?	
Yes	No	Yes	No

II - BUDGET NARRATIVE & CALCULATIONS – All budget categories calculate the total cost in the column on the right. DO NOT USE SPECIAL CHARACTERS (example: \$, commas, letters, etc.) ONLY USE NUMBERS. Please round to the nearest dollar. Applicants should indicate the total cost for each category of the proposed project.

A. Personnel - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions.

Name/Position - Salary/Overtime	Salary/Overtime per Hour, Month or Year	# of Hours, Months or Year	Total Personnel Cost
Name/Position - Fringe	Fringe per Hour, Month or Year	# of Hours, Months or Year	Total Personnel Cost
Total Personnel:			

Narrative – Please provide a detailed description for all personnel expenses.

B. Supplies - List items by type (office supplies, investigative supplies postage, copy paper). Generally, supplies include any materials that are expendable or consumed during the course of the project (**includes equipment under \$5000**). Attach a sheet using this format if you have additional items.

Supply Item	Unit Cost	# of Items	Total Supplies Cost
Total Supplies:			

Narrative – Please provide a detailed description for all supply expenses.

C. Contractual Services - List service to be provided, anticipated hourly, daily, or monthly rates. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) The maximum rate for consultants is \$650 for an 8-hour day.

Name of Contractor/Consultant (if known)	Purpose of the contract	Total Contractual Cost
Total Contractual Services:		

D. Travel & Training - List travel expenses for attending trainings, meetings, conference, and other work related travel. State rates will be used for in-state travel, GSA rates for out-of state travel.

Purpose of Travel	Type of Expense (Lodging, Meals, Flight, Registration, Etc.)	Cost	Number of Days	Number of Staff	Total Travel Cost
Total Travel/Training:					

Narrative – Please provide a detailed description for all travel expenses.

E. Equipment - List non-expendable items that are to be purchased that are **\$5000** or more for each item. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items.

Equipment Item	# of Items	Cost per Item	Total Equipment Cost
Total Equipment:			

Narrative – Please provide a detailed description for all equipment expenses. Please list which agency will maintain ownership of the equipment at the end of the grant.

F. Other Costs - List other items that do not fall into the other budget categories.

Other Items	# of Items	Cost Per Item	Total Cost
Total Other:			

Narrative – Please provide a detailed description for all other expenses.

III – BUDGET SUMMARY

Category	Total Budget
A. Personnel	
B. Supplies	
C. Contractual Services	
D. Travel/Training	
E. Equipment	
F. Other Costs	
Total Budget Request	

IV. AGENCY FUNDING SOURCES

Please list all other sources of grant funding that support this project's activities.

Funding Sources	Amount
Other (specify):	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL FUNDING	\$

If the operations of this project are expected to generate income, please discuss possible sources and how it will be used (i.e. asset forfeiture, training fees collected as a result of grant-funded training):

V. PROJECT NARRATIVE

I. Project Description: Briefly describe the project that is proposed. How will this project address specific goals of the PSN grant? What is the target area of the project? Be sure to demonstrate understanding of the PSN program strategy goals.

If this project is in conjunction or collaboration with another agency, please submit the MOU or letters of support as additional attachments.

II. Current Efforts: *Clearly define what efforts are currently underway in responding to the problem described in the Project Description.*

III. Timeline – Provide a detailed project timeline.

Quarter	Activities Planned
Quarter 1 January 1, 2023 - March 31, 2023	
Quarter 2 April 1, 2023 June 30, 2023	
Quarter 3 July 1, 2023- Sept 30, 2023	
Quarter 4 October 1, 2023- Dec 31, 2023	

IV. Project Goals - Describe the goals of this project and how they support the PSN Task Force goals.

V. Performance Measures – Describe the measures by which you will determine your project's success. Provide a description of how data supporting these measures will be collected. (Example: Number of presentations given, clients served, violent crime statistics)

ADDITIONAL REQUIRED INFORMATION

Non-government or Multi-agency Applicants:

A third party contract or memorandum of understanding between the agency and the authorized official of the unit local government stating that the unit of local government will be the legal recipient of the federal funds granted to this agency (If applicable)

Letter(s) of support (Optional attachment)

UCR Reporting Requirements:

If the implementing agency is a local law enforcement agency, it:

1. must report crime statistics to the State's Uniform Crime Reporting system
2. must be current in its reporting or must have a plan to become current by January 1, 2023.

In order to keep a PSN award, the implementing agency must maintain current UCR stats through the award period (January 1, 2023, through December 31, 2023). Failure to maintain current UCR statistics will result in award sanctions and/or deobligation.

Please indicate most recent crime statistics submitted: _____
month year

AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements of the Project Safe Neighborhoods Grant (PSN) Program, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program 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	Date
Signature of Project Director	Date
Signature of Fiscal Officer	Date