

BOARD OF COUNTY COMMISSIONERS
SARPY COUNTY, NEBRASKA

RESOLUTION RATIFYING THE 2013 DOMESTIC CANNABIS ERADICATION/SUPPRESSION
PROGRAM GRANT AMENDMENT

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6) (Reissue 2012), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103 (Reissue 2012), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, the Federal Drug Enforcement Administration has additional grant funds available to the Sarpy County Sheriff's Office for the 2013 Domestic Cannabis Eradication/Suppression Program; and,

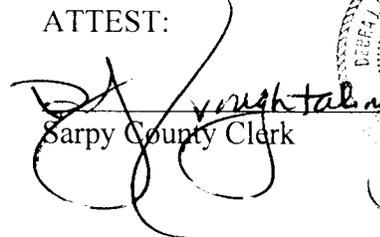
WHEREAS, the Sarpy County Sheriff's Office was granted an additional \$5,000 by the Federal Drug Enforcement Administration for the suppression and eradication of domestic cannabis; and,

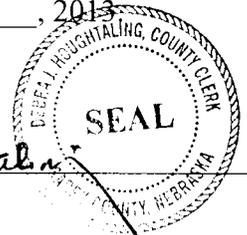
WHEREAS, Sheriff Jeff Davis signed the amendment on August 28, 2013; and,

NOW, THEREFORE, BE IT RESOLVED, By the Sarpy County Board of Commissioners, that attached 2013 Domestic Cannabis Eradication/Suppression Program Grant Amendment is hereby ratified.

The above Resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 10th day of September, 2013.


Sarpy County Board Chairman

ATTEST:

Sarpy County Clerk



Sarpy County Board of Commissioners

1210 GOLDEN GATE DRIVE
PAPILLION, NE 68046-2895
593-4155

www.sarpy.com

ADMINISTRATOR Mark Wayne

DEPUTY ADMINISTRATOR Scott Bovick

FISCAL ADMIN./PURCHASING AGT. Brian Hanson



COMMISSIONERS

Don Kelly District 1
Jim Thompson District 2
Tom Richards District 3
Brenda Carlisle District 4
Jim Warren District 5

MEMO

To: Sarpy County Board

From: Lisa A. Haire

Re: 2013 Domestic Cannabis Eradication/Suppression Program Grant Amendment

On September 10, 2013 the County Board will be asked to ratify the signing of the 2013 Domestic Cannabis Eradication/Suppression Program grant amendment. Due to the short timeframe that was given for the Sheriff's Office to return the amendment, it was signed by Sheriff Davis on August 28, 2013.

The grant amendment awards the Sarpy County Sheriff's Office with an additional \$5,000 for a total of \$23,000 to defray costs relating to the eradication and suppression of illicit cannabis. The funds are primarily intended for payment of deputies' overtime; however, rental of equipment and vehicles, fuel for vehicles, and minor repairs and maintenance of vehicles used for the purpose of cannabis eradication is also allowed.

No local match is required.

Please contact Sheriff Davis with any questions.

September 6, 2013

Lisa A. Haire
593-1565

cc: Mark Wayne
Brian Hanson
Scott Bovick
Sheriff Davis
Sgt. Don Voss
Deb Houghtaling

THIS COMPLETED PACKET CONTAINING ALL ORIGINAL FORMS WITH ORIGINAL SIGNATURES & DATES must be returned to the Investigative Support Section (OMS) via Federal Express:

*DEA Headquarters
Attn: OMS – W11106
8701 Morrisette Drive
Springfield, VA 22152*

**DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM
CHECKLIST**

AMENDED LETTER OF AGREEMENT (LOA):

_____ SIGNATURE OF AUTHORIZING STATE/COUNTY OFFICIAL
_____ DATE SIGNED BY AUTHORIZING STATE/COUNTY OFFICIAL
_____ DUNNS NUMBER
_____ SIGNATURE OF SPECIAL AGENT IN CHARGE (SAC)
_____ DATE SIGNED BY SPECIAL AGENT IN CHARGE (SAC)
_____ UFMS ACCOUNTING DATA (13/13/- _____)
_____ DATE OF UFMS INPUT
_____ INPUT INTO UFMS BY (PRINTED NAME & SIGNATURE OF FISCAL CLERK)

REQUEST FOR ADVANCE OR REIMBURSEMENT (SF-270)

_____ ITEM #6 EMPLOYER IDENTIFICATION NUMBER
_____ ITEM #10 VERIFY ADDRESS, IF INCORRECT MAKE PEN/INK CHANGE
_____ ITEM #13 SIGNATURE OF STATE/COUNTY AUTHORIZING OFFICIAL
_____ ITEM #13 DATE SIGNED
_____ ITEM #13 PRINTED NAME & TITLE
_____ ITEM #13 TELEPHONE NUMBER
_____ ELECTRONIC FUNDS TRANSFER MEMO



U. S. Department of Justice
Drug Enforcement Administration

AMENDMENT TO THE LETTER OF AGREEMENT

INCREASE OF FUNDS

AGREEMENT NUMBER: 2013-93

AMENDMENT NUMBER: 01

THIS AMENDMENT, dated August 27, 2013, to Letter of Agreement Number (LOA) 2013-93 between the **Sarpy County Sheriff's Office**, hereinafter referred to as (**THE AGENCY**) and the **Drug Enforcement Administration (DEA)** is for the purpose of INCREASING the amount of funds provided by the DEA to the above state/county agency.

Upon application and for good cause having been shown, the **DEA** agrees to amend the LOA with **THE AGENCY** to increase funds in the amount of **\$5,000 Dollars** in addition to the **\$18,000 Dollars** originally agreed to in paragraph 2 of the LOA to defray costs relating to the eradication and suppression of marijuana. Total allocation for LOA Number **2013-93** is now **\$23,000 Dollars**.

All other provisions of the Letter of Agreement remain the same.

THE AGENCY's current DUNS No. is 078008018

THE AGENCY's opportunity to enter into this Agreement with DEA and to receive the Federal funds expires on September 13, 2013.

SARPY COUNTY SHERIFF'S OFFICE

By: *Jeffrey H. Davis* Date: 8/28/13
Title: Sheriff Sarpy County

DRUG ENFORCEMENT ADMINISTRATION

By: _____ Date: _____
Special Agent in Charge – St. Louis Field Division

**DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO UFMS & COMPLETE THE
BOTTOM OF THIS SECTION.**

ACCOUNTING CLASSIFICATION/OBLIGATION NUMBER:

2013/S1R/OM/8655000/DOM-G2/011B/DCE/OPS: _____

UFMS Input Date: _____

CT No. _____

IO No. _____

DP No. _____

Printed Name: _____

Signature: _____

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-004		PAGE 1	OF 2
1. TYPE OF PAYMENT REQUESTED	a. <input checked="" type="checkbox"/> one or both boxes		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
	<input checked="" type="checkbox"/> ADVANCE	<input type="checkbox"/> REIMBURSEMENT	
	b. <input checked="" type="checkbox"/> the applicable box		
	<input type="checkbox"/> FINAL	<input type="checkbox"/> PARTIAL	

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Drug Enforcement Administration	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 2013-93	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
--	--	--

6. EMPLOYER IDENTIFICATION NUMBER 47-6006504	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST	
		FROM (MM-DD-YYYY) 01-01-2013	TO (MM-DD-YYYY) 12-31-2013

9. RECIPIENT ORGANIZATION Name: Sarpy County Sheriff's Department Number and Street: 8335 Platteview Rd. City, State and ZIP Code: Papillion, NE. 68046	10. PAYEE (Where check is to be sent if different than Item 9) Name: Number and Street: City, State and ZIP Code:
--	--

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) Original Letter of Agreement	(b) Amended Letter of Agreement	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 18,000.00	\$ 5,000.00	\$	\$ 23,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	18,000.00	5,000.00	0.00	23,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	18,000.00	5,000.00	0.00	23,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	18,000.00	5,000.00		23,000.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	18,000.00	5,000.00	0.00	23,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

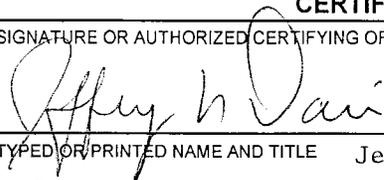
STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



DATE REQUEST SUBMITTED

8/28/13

TYPED OR PRINTED NAME AND TITLE Jeffrey L. Davis

Sarpy County Sheriff

TELEPHONE (AREA CODE, NUMBER AND EXTENSION)
402-593-2288

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|--|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | Item | Entry |
|------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

Memorandum



Subject Electronic Funds Transfer (DFN: 610-13)	Date APR 30 2013
---	-------------------------

To
All Domestic Cannabis Eradication/
Suppression Program (DCE/SP)
Participating Agencies

From
Neil D. Doherty 
Chief, Investigative Support Section
DEA Headquarters

Funding for the Domestic Cannabis Eradication/Suppression Program (DCE/SP) is only available by electronic transfer. Funds will be transferred directly into the Letter of Agreement (LOA) agency's bank account. In order to process electronic transfers, the following information must be provided below:

Agency Name on Bank Account: Sarpy County Treasurer

Account Number: 

Name of Bank/Financial Institution: Pinhacle Bank of Papillion

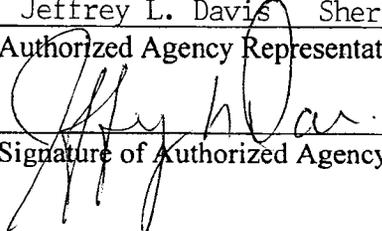
Address of Bank/Financial Institution: 1200 Golden Gate DRive Papillion, NE. 68046

Telephone Number of Bank/Financial Institution: 402-339-3244

Contact Person of Bank/Financial Institution: Spencer Kimball

Bank/Financial Institution ABA Number: 

Jeffrey L. Davis Sheriff
Authorized Agency Representative – Name & Title


Signature of Authorized Agency Representative

8/29/13
Date