



Clackamas County Sheriff's Office

ANGELA BRANDENBURG
Sheriff

May 31, 2022

Board of County Commissioners
Clackamas County

**Approval to Apply for Funding for Body Armor Vests through the
U.S. Department of Justice – Office of Justice Programs
Patrick Leahy Bulletproof Vest Partnership (BVP)**

Purpose/Outcome	The purpose of the Patrick Leahy Bulletproof Vest Partnership (BVP) is to reimburse states, counties, federally recognized tribes, cities, and local jurisdictions up to 50% of the cost of body armor vest purchased for law enforcement officers.
Dollar Amount and Fiscal Impact	BVP will provide up to 50% of costs for approved body armor vests for approximately 200 law enforcement officers in Clackamas County's Sheriff's Office (CCSO) and Clackamas County's Community Corrections (CCCC) over the period of the grant. County General Fund Support will be used for the portion of vests not covered by BVP at an estimated amount of up to \$75,000.00 over the period of the grant.
Funding Source	Department of Justice – Office of Justice Programs; Up to \$75,000 in General Fund Support over the life of the grant.
Duration	04/01/2022 – 09/30/2024
Previous Board Action/Review	Not Applicable
Strategic Plan Alignment	Furtheres the Board of County Commissioners' strategic priority of ensuring safe, healthy, and secure communities.
Counsel Review	Not Applicable
Contact Person	Nancy Artmann – (503) 785-5012
Contract No.	None

BACKGROUND:

The purpose of the Patrick Leahy Bulletproof Vest Partnership (BVP) Program is to reimburse states, counties, federally recognized tribes, cities, and local jurisdictions up to 50% of the cost of body armor vests purchased for law enforcement officers. Since 1999, over 13,000 jurisdictions have participated in the BVP Program, with a total of \$548 million in federal funds for the purchase of over 1.4 million vests. Since FY 2015, protective vests were directly attributable to saving the lives of at least 272 law enforcement and corrections officers (based on data collected by the Office of Justice Programs). Thirty-nine of those vests were purchased, in part, with BVP funds.

RECOMMENDATION:

Staff recommends that the Board approve the attached Financial Assistance Application Lifecycle Form authorizing CCSO to apply for the BVP grant opportunity.

Respectfully submitted,

Angela Brandenburg
Sheriff

Office: 9101 SE Sunnybrook Blvd., Clackamas, OR 97015

Mailing: 2223 Kaen Road, Oregon City, OR 97045

Phone: 503-785-5000 • Fax: 503-785-5190 • www.clackamas.us/sheriff

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

**** CONCEPTION ****

Section I: Funding Opportunity Information - To be completed by Requester

Award type: Direct Appropriation (no application)
Subrecipient Award Direct Award
Award Renewal? Yes No

Lead Department & Fund #: _____

If renewal, complete sections 1, 2, & 4 only. If Direct Appropriation, complete page 1 and Dept/Finance signatures only.
If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

Name of Funding Opportunity: _____

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): _____

Requestor Contact Information: _____

Department Fiscal Representative: _____

Program Name and prior project # (please specify): _____

Brief Description of Project:

Name of Funding Agency: _____

Notification of Funding Opportunity Web Address:

OR

Application Packet Attached: Yes No

Completed By: _____

Date

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Application

Non-Competing Application

Other

CFDA(s), if applicable: _____

Announcement Date: _____

Grant Category/Title: _____

Allows Indirect/Rate: _____

Application Deadline: _____

Award Start Date: _____

Award End Date: _____

Completed By: _____

Pre-Application Meeting Schedule: _____

Funding Agency Award Notification Date: _____

Announcement/Opportunity #: _____

Funding Amount Requested: _____

Match Requirement: _____

Other Deadlines: _____

Other Deadline Description: _____

Program Income Requirement: _____

Additional funding sources available to fund this program? Please describe: _____

How much General Fund will be used to cover costs in this program, including indirect expenses? _____

How much Fund Balance will be used to cover costs in this program, including indirect expenses? _____

Section III: Funding Opportunity Information - To be completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

2. What, if any, are the community partners who might be better suited to perform this work?

3. What are the objectives of this funding opportunity? How will we meet these objectives?

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

3. If this is a pilot project, what is the plan for sunseting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

Collaboration

1. List County departments that will collaborate on this award, if any.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

3. What are the fiscal reporting requirements for this funding?

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

3. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, Local Grant, etc.)?

4. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Program Approval:

		<i>Ke'ala Adolpho</i>
Name (Typed/Printed)	Date	Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR ****

****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN.****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)		
	5/19/2022	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
	5/18/2022	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
	5.20.22	
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)		
Name (Typed/Printed)	Date	Signature

Section V: Board of County Commissioners/County Administration

*(Required for all grant applications. If your grant is awarded, all grant **awards** must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)*

For applications less than \$150,000:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications greater than \$150,000 or which otherwise require BCC approval:

BCC Agenda item #:

Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department contact when fully approved.
 Department: keep original with your grant file.