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Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

V. Glenn Fueston, Jr.
Executive Director

June 28, 2016

Commissioner Wilbur Levengood
President
County Commissioners of Caroline County
109 Market Street, Room 106
Denton, MD 21629

RE: BARM-2017-0008

Dear Commissioner Levengood:

I am pleased to inform you that your grant application submitted by **County Commissioners of Caroline County**, entitled "**New/Replacement Body Armor**", in the amount of \$2,000.00 has received approval under the Body Armor for Local Law Enforcement program. Enclosed is the Grant Award packet containing information and forms necessary to initiate the project.

The grant will fund the program described below:

The Caroline County Sheriff's Office's New/Replacement Body Armor program provides increased safety for the agency's officers. Manufacturer's specifications require that bulletproof vests and body armor need to be replaced every five years in order to ensure the wearer's safety. Program funds provide three new vests for recruits and two replacement vests for sworn officers.

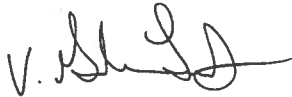
Please pay particular attention to the instructions included on the Grant Award. It is important that you **carefully review all Special Conditions** attached to this award. Additionally, the General Conditions for all grant awards issued by GOCCP are located online, at <http://www.goccp.maryland.gov/grants/general-conditions.php>. The Chief Elected Official, or another legally authorized official of the jurisdiction, state agency, or 501(c)(3) receiving the Grant Award, must sign the original Grant Award Acceptance form and return it to the Governor's Office of Crime Control and Prevention within **Twenty-One (21) Calendar days**. Should the acceptance form not be received, requests for reimbursement will not be honored.

A copy of the Grant Award, Notification of Project Commencement, and Individual Project Reports has also been sent to the Project Director. The Project Director is responsible for completing these and other required forms now and at the end of each reporting period. If the Project Director changes, GOCCP must be notified immediately to avoid potential reporting problems.

Projects may commence as soon as the Grant Award is signed and you have reviewed and accepted all of the General and Special Conditions. No funds may be encumbered or expended prior to this time without the specific written approval of the Governor's Office of Crime Control and Prevention.

If you have any questions or need any clarification regarding this Grant Award, please contact **Linda Brookes**, your Regional Monitor, or **Andrew Galarza**, Fiscal Specialist, at (410) 821-2828. We look forward to working with you on this project and anticipate its success in helping to address criminal justice problems in our State.

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Fueston', written in a cursive style.

V. Fueston
Executive Director

cc: Lieutenant Ronald M Dixon



6/21/2016

Governor's Office of Crime Control & Prevention



Control Number:
GOCCP Regional Monitor:
GOCCP Fiscal Specialist

31991
Brookes, Linda
Galarza, Andrew

Grant Award & Acceptance Form

Grant Award Number:	BARM-2017-0008	
Sub-recipient:	County Commissioners of Caroline County	
Project Title:	New/Replacement Body Armor	
Implementing Agency:	Caroline County Sheriff's Office	
Award Period:	07/01/2016 - 06/30/2017	CFDA: State

Funding Summary	Grant Funds	50.0 %	\$2,000.00	
	Cash Match	50.0 %	\$2,000.00	
	In-Kind Match	0.0 %	\$0.00	
	Total Project Funds		\$4,000.00	Budget Version: 0

This Grant Award is hereby made for financial assistance by the Governor's Office of Crime Control & Prevention in accordance with the


Body Armor for Local Law Enforcement

This Grant Award is subject to the General Conditions and any Special Conditions attached to this award, as well as all statutes and requirements of the State of Maryland.

This Grant Award incorporates all the information, conditions, representations and Certified Assurances contained in the grantee's application.

The Grant Award shall become effective as of the start date of the award, unless otherwise specified, and upon return, within twenty-one (21) calendar days, of a fully executed original of this document signed by the duly authorized official of the sub-recipient unit of government or sub-recipient agency receiving this Grant Award. Copies and faxes are not acceptable.

FOR THE STATE OF MARYLAND:



Executive Director
Governor's Office of Crime Control & Prevention

SUB-RECIPIENT ACCEPTANCE:

Signature of Authorized Official

Typed Name And Title

Date

Return original form
signed in blue ink to:

GOCCP
300 E. Joppa Road, Suite 1105
Baltimore, MD 21286-3016
Attention: Control Desk



Grant Award - Special Conditions

Grant Award Number:	BARM-2017-0008	Sub-Recipient:	County Commissioners of Caroline County
Award Period:	07/01/2016 - 06/30/2017	Implementing Agency:	Caroline County Sheriff's Office
Project Title:	New/Replacement Body Armor		

- 1 BARM/BPVP funded recipients **MUST** complete the BARM/BPVP Property Inventory Report Form (PIRF), not the Standard Property Inventory Report Form. The form is included in the Project Director's award package. Since a PIRF is required any time funds are requested, it is recommended that copies of the blank form are made for potential quarterly expenditures.

If you would like to receive a formulated fillable form, please contact the BARM/BPVP Program Fund Manager, or BARM/BPVP Fiscal Specialist, by calling 410-821-2828, or Toll Free: 1-877-687-9004, or via email at info@goccp.state.md.us. You must state that you are requesting the BARM/BPVP Property Inventory Report Form (PIRF), provide your grant award number, callback phone number, and your email address.

- 2 Sub-recipient must provide detailed information on the selected vendor, when the vests will be ordered, and when delivery is expected, within 30 calendar days of acceptance of the grant award.
- 3 The 50% cash match must reflect for every vest that is purchased with grant funds.
- 4 FINAL quarterly programmatic and financial reports for this award must be submitted no later than 30 calendar days from the End Date of the sub-award and must be signed in BLUE INK.

Financial reports received after this date may not be honored and the Governor's Office of Crime Control & Prevention reserves the right to perform an administrative close out, de-obligating all remaining funds.

FINAL quarterly programmatic reports for this award indicating progress towards the attainment of each program/project objective must be submitted by the 15th. Financial reports submitted with Programmatic reports cannot be processed for payment unless programmatic reports are in "Submitted" status online.

- 5 The sub-recipient is reminded that this award represents the **ONLY** year of funding for this project.
- 6 Receipts and/or back-up documentation reflecting actual expenditures must be submitted with each quarterly Financial Report form. Reimbursements to sub-recipients will not exceed actual costs.



Budget Notice


Grant Award Number:	BARM-2017-0008	
Sub-recipient:	County Commissioners of Caroline County	
Project Title:	New/Replacement Body Armor	
Implementing Agency:	Caroline County Sheriff's Office	
Award Period:	07/01/2016 - 06/30/2017	CFDA: State

Funding Summary	Grant Funds	50.0 %	\$2,000.00
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	In-Kind Match	0.0 %	\$0.00
	Total Project Funds		\$4,000.00

Equipment

Description	Funding	Quantity	Unit Cost	Total Budget
ABA Level II Balistic Vests	Cash Match	5	\$400.00	\$2,000.00
ABA Level II Balistic Vests	Grant Funds	5	\$400.00	\$2,000.00

Equipment Total: \$4,000.00

Approved: 
GOCCP Authorized Representative

Effective Date: 7/1/2016



Programmatic Reporting

Grant Award Number:	BARM-2017-0008	
Sub-recipient:	County Commissioners of Caroline County	
Project Title:	New/Replacement Body Armor	
Implementing Agency:	Caroline County Sheriff's Office	
Award Period:	07/01/2016 - 06/30/2017	CFDA: State

The information collected on this form helps GOCCP measure the progress you are making in achieving your project's goals and objectives. It also helps us determine what, if any, technical assistance you may need in implementing your project.

Performance Measures (3)

1	During this reporting quarter, how many of those officers are currently without body armor?	
2	During this reporting quarter, how many more vests still need to be procured under this award?	
3	During this reporting quarter, how many officers are currently employed with your agency?	

Progress Report Questions (7)

1	Provide name of the vendor and advise if there have been any problems or delays from the time the vest(s) were ordered to the time the vest(s) were received to your agency. Did the vendor confirm that the manufacture of the vest(s) is NIJ approved? In addition, did the price of the vest(s) change during the life of the award?
2	If no funds or minimal funds (less than 25%) were expended during this reporting period please provide an explanation as to why and when you anticipate requesting funds. Your detailed explanation should address each budget category.
3	Describe barriers/challenges to implementing or completing any of the objectives. Include corrective actions taken or planned to overcome described barriers (include timeline). Are there any obstacles or barriers that could prevent you from expending all grant funds? Please include any requests for technical assistance needed.
4	Is your agency following the spending plan described in your application? If not, please explain.
5	Advise if you have begun the procurement process. If you have not begun the procurement process explain why. If you have, provide details of the status (ex: requisition, purchase order) and the projected time frame of actual delivery and payment.
6	Did your agency experience any problems or delays from the time equipment was ordered to the time it was received?
7	Currently, what is your agency's anticipation for body armor request for the next grant year?

Signed: _____ **Date:** _____

Project Director - Dixon, Ronald

(Project Director is preferred, Fiscal Contact or Authorized Official if Project Director is unavailable)

Printed Name: _____ **Phone:** _____