

RESOLUTION NO.

**A RESOLUTION AUTHORIZING THE RATIFIED SUBMISSION
OF A GRANT APPLICATION TO THE BUREAU OF JUSTICE
ASSISTANCE FOR A CORONAVIRUS EMERGENCY
SUPPLEMENTAL FUNDING PROGRAM SOLICITATION FOR
THE LARAMIE COUNTY SHERIFF'S DEPARTMENT IN THE
AMOUNT OF \$40,275.00, ON BEHALF OF THE GOVERNING
BODY OF LARAMIE COUNTY, WYOMING**

FOR THE PURPOSE OF: REQUESTED FUNDS WILL BE USED TO PREVENT,
PREPARE AND RESPOND TO CORONAVIRUS (PPE, OVERTIME AND TELE
WORKING SUPPLIES).

WITNESSETH

WHEREAS, the Governing Body of Laramie County desires to participate in the
Bureau of Justice Coronavirus Emergency Supplemental funding program by sponsoring
this grant to assist in financing this project; and

WHEREAS, the Bureau of Justice requires that certain criteria be met, as
described in the Department of Justice rules governing the program, and to the best of our
knowledge this application meets those criteria; and

WHEREAS, the Governing Body of Laramie County has been provided with
preliminary cost estimates and information on the project; and

**NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY
OF LARAMIE COUNTY** that a grant application be submitted to the Bureau of Justice
Assistance in the amount of \$40,275.00 for consideration of funding the Laramie County
Sheriff's Department in relation to efforts for prevention, preparedness and response to
the Coronavirus.

BE IT FURTHER RESOLVED, that Sandra Newland, or her successor in the
position of Laramie County Grants Manager, is appointed as agent of the Laramie County
Board of Commissioners to execute and submit applications and certifications for these
funds and to receive funds and implement the programs funded under this grant.

PASSED, APPROVED AND ADOPTED THIS 2nd DAY OF JUNE 2020.

By: _____
Gunnar Malm, Chairman

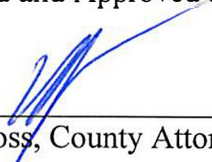
Date

ATTEST:

Debra Lee, Laramie County Clerk

Date

Received and Approved as to Form only By:



Mark Voss, County Attorney



Date

Sandra Newland

From: helpdesk@ojp.usdoj.gov
Sent: Friday, May 15, 2020 10:44 AM
To: Sandra Newland
Subject: Re: Application Number 2020-H4705-WY-VD

Application Number 2020-H4705-WY-VD was submitted on 15-May-2020

**BJA FY 20 Coronavirus Emergency Supplemental
Funding Program**

2020-H4705-WY-VD

[Help/Frequently
Asked Questions](#)[GMS Home](#)[Log Off](#)**Submit Application**

Your application for the BJA FY 20 Coronavirus Emergency Supplemental Funding Program has been successfully submitted. You will no longer be able to edit any information submitted. However, you can log in any time to view the application information.

You will be contacted by the Program Office when your application is processed or any other action is required by you.

**BJA FY 20 Coronavirus Emergency Supplemental
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Status	Requirement
Complete	Overview
Complete	Applicant Information
Complete	Project Information
Complete	Budget and Program Attachments
Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace
Incomplete	<input type="button" value="Submit Application"/>



BJA FY 20 Coronavirus Emergency Supplemental Funding Program

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APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		
Legal Name LARAMIE COUNTY		Organizational Unit COMMISSION
Address 310 WEST 19TH STREET SUITE 300 CHEYENNE, Wyoming 82001-4452		Name and telephone number of the person to be contacted on matters involving this application Newland, Sandra (307) 633-4201
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 83-6000111		7. TYPE OF APPLICANT County
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.034 CFDA Coronavirus Emergency Supplemental TITLE: Funding Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT We are applying for funding to help the County Sheriff's Department combat the COVID pandemic. Requested funds are for activities to prevent, prepare and respond to the pandemic.
12. AREAS AFFECTED BY PROJECT Laramie County, Wyoming to include the City of Cheyenne, Towns of Albin, Burns and Pine Bluffs.		
13. PROPOSED PROJECT Start Date: January 20, 2020 End Date: January 19, 2022		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project WYAL
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
Federal	\$0	
Applicant	\$40,275	

State	\$0	Program has not been selected by state for review
Local	\$0	
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$40,275	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

Continue



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Application Handbook

Overview

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This handbook allows you to complete the application process for applying to the BJA FY 20 Coronavirus Emergency Supplemental Funding Program. At the end of the application process you will have the opportunity to view and print the SF-424 form.

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*Type of Submission	<input type="radio"/> Application Construction <input checked="" type="radio"/> Application Non-Construction <input type="radio"/> Preapplication Construction <input type="radio"/> Preapplication Non-Construction
*Type of Application	<div> <input type="radio"/> New </div> <div> If Revision, select appropriate option <div>Type of Revision ▼</div> </div> <div> If Other, specify <div></div> </div>
*Is application subject to review by state executive order 12372 process?	<input type="radio"/> Yes This preapplication/application was made available to the state executive order 12372 process for review on <div> <div>▼</div> <div>▼</div> <div>▼</div> </div> <input type="radio"/> No Program is not covered by E.O. 12372 <input checked="" type="radio"/> N/A Program has not been selected by state for review

Save and Continue



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Verify that the following information filled is correct and fill out any missing information. To save changes, click on the "Save and Continue" button.

* - Indicates required field

*Is the applicant delinquent on any federal debt? (If Yes is selected, please upload an explanation)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
*Employer Identification Number (EIN)	83	- 6000111
*Type of Applicant	County	
Type of Applicant (Other):		
*Organizational Unit	COMMISSION	
*Legal Name (Legal Jurisdiction Name)	LARAMIE COUNTY	
*Vendor Address 1	310 WEST 19TH STRE	
Vendor Address 2	SUITE 300	
*Vendor City	CHEYENNE	
Vendor County/Parish	LARAMIE	
*Vendor State	Wyoming	
*Vendor ZIP	82001	- 4452 Zip+4 Lookup
Please provide Point of Contact Information for matters involving this application		
*Contact Prefix:	Ms.	
Contact Prefix (Other):		
*Contact First Name:	Sandra	
Contact Middle Initial:		
*Contact Last Name:	Newland	
Contact Suffix:	Select a Suffix	
Contact Suffix (Other):		
*Contact Title:	GRANTS MANAGER	
*	310 WEST 19TH STREET	

Contact Address Line 1:			
Contact Address Line 2:	<input type="text" value="SUITE 140"/>		
*Contact City	<input type="text" value="CHEYENNE"/>		
Contact County:	<input type="text" value="LARAMIE"/>		
*Contact State:	<input type="text" value="Wyoming"/> ▼		
*Contact Zip Code:	<input type="text" value="82001"/> - <input type="text" value="4452"/>	Zip+4 Lookup	
*Contact Phone Number:	<input type="text" value="307"/>	<input type="text" value="633"/>	<input type="text" value="4201"/> Ext: <input type="text"/>
Contact Fax Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Contact E-mail Address:	<input type="text" value="snewland@laramiecounty.com"/> Email Help		



BJA FY 20 Coronavirus Emergency Supplemental Funding Program

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[Application](#)[Correspondence](#)Application: **Application Handbook****Project Information**[Overview](#)[Applicant Information](#)[Project Information](#)[Budget and Program Attachments](#)[Assurances and Certifications](#)[Review SF 424](#)[Submit Application](#)[Help/Frequently Asked Questions](#)[GMS Home](#)[Log Off](#)***Descriptive Title of Applicant's Project**

We are applying for funding to help the County Sheriff's Department combat the COVID pandemic. Requested funds are for activities to prevent, prepare and respond to the

***Areas Affected by Project**

Laramie County, Wyoming to include the City of Cheyenne, Towns of Albin, Burns and Pine Bluffs.

Proposed Project

	*Start Date	<input type="text" value="January"/>	<input type="text" value="20"/>	<input type="text" value="2020"/>
	*End Date	<input type="text" value="January"/>	<input type="text" value="19"/>	<input type="text" value="2022"/>

***Congressional Districts of**

	Project	<input type="text" value="Congressional District 00, WY"/>
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***Estimated Funding**

Federal	\$ <input type="text" value="0"/> .00
Applicant	\$ <input type="text" value="40275"/> .00
State	\$ <input type="text" value="0"/> .00
Local	\$ <input type="text" value="0"/> .00
Other	\$ <input type="text" value="0"/> .00
Program Income	\$ <input type="text" value="0"/> .00
TOTAL	\$ <input type="text" value="40275"/> .00



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This page allows you to upload the Budget Detail Worksheet, Financial Management and System of Internal Controls Questionnaire (FCQ) form, Program Narrative, and other Program attachments. Click the attach button to continue.

FCQ Attachment

In accordance with the Part 200 Uniform Requirements as set out at 2 C.F.R. 200.205, Federal agencies must have in place a framework for evaluating the risks posed by applicants before they receive a Federal award. To facilitate part of this risk evaluation, all applicants are to download, complete, and submit the Financial Management and System of Internal Controls Questionnaire.

You can download the current [FCQ form here](#).

[FinancialCapability DOJ.pdf](#)

Delete

Your FCQ form has been successfully attached, but the application has not been submitted to OJP. Please continue with your application.

Budget and other Program Attachments

[disclosure of lobbying activities.pdf](#)

Delete

[Cost Breakdown.xlsx](#)

Delete

[Program Narrative-DOJ COVID.docx](#)

Delete

[DOJ Budget Worksheet.XLSM](#)

Delete

[Additional Assurances and Certifications.docx](#)

Delete

[Click on the Attach Button to upload an attachment](#)

Attach

Continue

Your file has been successfully attached, but the application has not been submitted to OJP. Please continue with your application.

Please download the latest version of [Adobe Acrobat Reader®](#).



Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name: Laramie County, Wyoming

Street1: 310 W. 19th Street, Suite 300

Street2:

City: Cheyenne

State: WYOMING

Zip Code: 82001

2. Authorized Representative's Name and Title:

Prefix: Mr.

First Name: Gunnar

Middle Name:

Last Name: Malm

Suffix:

Title: Chairman of Laramie County, Wyoming

3. Phone: (307) 633-4260

4. Fax: 3076334267

5. Email: commissioners@laramiecounty.com

6. Year Established:

1890

7. Employer Identification Number (EIN):

83600111

8. DUNS Number:

197732709

9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? ☐ Yes ☒ No

If "No" skip to Question 10.

If "Yes", complete Questions 9. b) and 9. c).



AUDIT INFORMATION

9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?

☐ Yes ☐ No

9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?

☐ Yes ☐ No

If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide – as an attachment to its application – a disclosure that satisfies the minimum requirements as described by OJP.

For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

10. Has the applicant entity undergone any of the following types of audit(s) (Please check all that apply):

☒ "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200

☐ Financial Statement Audit

☐ Defense Contract Agency Audit (DCAA)

☐ Other Audit & Agency (list type of audit):

☐ None (if none, skip to question 13)

11. Most Recent Audit Report Issued: ☒ Within the last 12 months ☐ Within the last 2 years ☐ Over 2 years ago ☐ N/A

Name of Audit Agency/Firm: Clifton Larson Allen LLP

AUDITOR'S OPINION

12. On the most recent audit, what was the auditor's opinion?

☒ Unqualified Opinion ☐ Qualified Opinion ☐ Disclaimer, Going Concern or Adverse Opinions ☐ N/A: No audits as described above

Enter the number of findings (if none, enter "0"): 0

Enter the dollar amount of questioned costs (if none, enter "\$0"): \$ 0

Were material weaknesses noted in the report or opinion?

☐ Yes ☒ No

13. Which of the following best describes the applicant entity's accounting system:

☐ Manual ☒ Automated ☐ Combination of manual and automated

14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?

☒ Yes ☐ No ☐ Not Sure

15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?

☒ Yes ☐ No ☐ Not Sure

16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?

☒ Yes ☐ No ☐ Not Sure



17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
PROPERTY STANDARDS AND PROCUREMENT STANDARDS	
20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
21. Does the applicant entity maintain written policies and procedures for procurement transactions that – (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
TRAVEL POLICY	
24. Does the applicant entity: (a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) adhere to the Federal Travel Regulation (FTR)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SUBRECIPIENT MANAGEMENT AND MONITORING	
25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award – (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards



26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?

☒ Yes ☐ No ☐ Not Sure
☐ N/A - Applicant does not make subawards under any OJP awards

27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?

☒ Yes ☐ No ☐ Not Sure
☐ N/A - Applicant does not make subawards under any OJP awards

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)

☐ Yes ☒ No ☐ Not Sure

If "Yes", provide the following:

(a) Name(s) of the federal awarding agency:

[Redacted]

(b) Date(s) the agency notified the applicant entity of the "high risk" designation:

[Redacted]

(c) Contact information for the "high risk" point of contact at the federal agency:

Name:

[Redacted]

Phone:

[Redacted]

Email:

[Redacted]

(d) Reason for "high risk" status, as set out by the federal agency:

[Redacted]

CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: Gunnar Malm

Date: 2020-05-18

Title: ☐ Executive Director ☐ Chief Financial Officer ☒ Chairman

☐ Other:

[Redacted]

Phone: (307) 633-4260

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee		2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <input type="text"/> quarter <input type="text"/> date of last report <input type="text"/>	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier <input type="text"/> , if known: Laramie County, Wyoming 310 W. 19th Street, Suite 300 Cheyenne, WY 82001 Congressional District, if known: <input type="text"/>			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: <input type="text"/>		
6. Federal Department/Agency: Bureau of Justice Assistance			7. Federal Program Name/Description: Coronavirus Emergency Supplemental Funding Program Solicitation FY2020 Formula Grant Solicitation CFDA Number, if applicable: 16.034		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ <input type="text"/>		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NA-County does not conduct lobbying activities.			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Sandra Newland</u> Print Name: <u>Sandra Newland</u> Title: <u>Grants Manager</u> Telephone No.: <u>(307) 633-4201</u> Date: <u>5/15/2020</u>		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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 (0348-0046), Washington, DC 20503.

Laramie County Sheriff's Department Coronavirus Request Breakdown

<u>Description of Expense</u>	<u>Category</u>	<u>Unit Price</u>	<u>Number requested</u>	<u>Total</u>
CATEGORY #1 PPE & Protective Supplies				
Plexiglass barriers	Supplies	\$ 700.00	1	\$ 3,500.00
Coverall Suites	Supplies	\$ 13.00	100	\$ 1,300.00
Isolation Gowns (box of 50)	Supplies	\$ 69.00	8	\$ 552.00
N95 Masks (box of 20)	Supplies	\$ 12.00	204	\$ 2,448.00
Nitrile Gloves (100 gloves per box)	Supplies	\$ 15.35	500	\$ 7,675.00
Eye Protection	Supplies	\$ 10.00	200	\$ 2,000.00
Hand Sanitizer	Supplies	\$ 6.00	200	\$ 1,200.00
No Touch Thermometers	Supplies	\$ 80.00	20	\$ 1,600.00
				\$ 20,275.00
CATEGORY #2 Overtime and Benefits				
Patrol/Detention Deputy (Year #1)	Salary	\$ 34.90	105 hours	\$ 3,665.00
Patrol/Detention Deputy (Year #1)	Benefits	\$ 13.00	105 hours	\$ 1,365.00
Patrol/Detention Deputy (Year #2)	Salary	\$ 34.78	104 hours	\$ 3,618.00
Patrol/Detention Deputy (Year #2)	Benefits	\$ 13.00	104 hours	\$ 1,352.00
				\$ 10,000.00
CATEGORY #3 Computer Supplies for telework				
HDMI Cables	Supplies	\$ 10.00	15	\$ 150.00
24" Monitors	Supplies	\$ 150.00	15	\$ 2,250.00
Chromebooks	Supplies	\$ 350.00	15	\$ 5,250.00
Zoom Business License	Other	\$ 2,000.00	1	\$ 2,000.00
Shipping Costs	Other	\$ 350.00	1	\$ 350.00
				\$ 10,000.00

TOTAL Grant Request

\$ 40,275.00

Program Narrative

Description of the Issues

The Laramie County Sheriff's Department is requesting funding under Coronavirus Emergency Supplemental Funding for three key areas under the prevention, preparation and response efforts of COVID-19. The department is comprised of essential personnel and first responders. We are requesting a total of \$40,275 for personal protective equipment (PPE) prevention efforts, response efforts in overtime and benefits and preparation with the purchase of supplies to allow teleworking. Thankfully at this time the State of Wyoming and Laramie County have had limited COVID activity. At the time of this application the state has 675 cases (513 lab confirmed and 158 probable with seven deaths). Laramie County has 170 cases with 111 lab confirmed and 59 probable with one death. The State of Wyoming health emergency declaration took place on March 13, 2020. Laramie County is second out of twenty-three counties in Wyoming with the highest infection rates.

Statement of Problem

Laramie County like much of the nation is unsure how the COVID pandemic will affect operations under the umbrella of law enforcement. Our Sheriff's Department has both patrol and detention operations. We have around 146 sworn officers and 17 citizen staff positions. The total population of Laramie County is 99,500 residents per the 2019 census estimate and a large majority of that population resides within the City of Cheyenne. Our department serves over 2,685.9 square miles of rural county, which is 36.9 people per square mile. This rural population is approximately 33,000 and includes the urbanized rural interface around Wyoming's Capital City of Cheyenne. Laramie County is located in the southeast corner of the State of Wyoming, with the major transportation hubs of I-80 and I-25 intersecting in Cheyenne. Our County borders both Colorado and Nebraska, which are currently experiencing high infection rates. This proximity is a concern for law enforcement and community policing efforts due to the traffic volumes on these interstates.

As mentioned above the Laramie County Sheriff's Department has an adult detention center and a juvenile detention center. Our max population between both facilities is around 460. However, we will never get to that number due to separations and other classification issues that preclude us from using all of our capacity. Our average population is around 300 inmates that we are responsible in caring for. The pandemic has added a new safety and health component to the responsibility for caring for inmates and ensuring that the virus does not enter our facility. The requested PPE items within this application will help protect personnel and inmates alike.

Project Design and Implementation

We would like to request \$20,275 in PPE supplies and prevention efforts to include, but not limited to plexiglass shields, gloves, masks, gowns, eye protection, thermometers and hand sanitizer. The PPE and prevention supplies will be used in the detention centers and by patrol deputies to ensure departmental and inmate safety during the pandemic. At the time of this application, we are estimating our future needs and the potential pandemic impact. We are also basing our request on current prices with the understanding that supply and demand can affect the availability and prices associated with each item. We would like this section to be flexible as there are unknowns, however for budget purposes we are estimating quantities and specific items. We are estimating that we would need up to five plexiglass

shields for public interaction spaces such as booking and the sex offender's office. Looking at average prices, we are estimating \$3,500 for this expenditure.

Protective clothing and isolation gowns are an item we anticipate needing specifically for our medical teams inside of the detention centers. We have explored both isolation gowns and protective coverall suits. At this time, we are estimating a potential need for sizes M-2XL to include three-piece suits that have the hoods, coverall and boots. The average price is \$13.00 and we are looking at needing 100 for a total of \$1,300. Isolation gowns average approximately \$69.00 for a box of 50 and we would like to order these in various sizes M-2XL at a total cost of \$552.00 (\$69 x 4 sizes x 2 facilities).

Medical masks, gloves and eye protection are another area of need for potential pandemic response efforts both in the detention facilities and in patrol operations. We are budgeting the need for N95 masks with respirators, a box of 20 averages around \$12.00 depending on supply and demand. We are estimating that we will need approximately 204 boxes in various sizes for a total of \$2,448. Medical nitrile gloves are currently a high need and a projected continuing necessity during COVID response efforts by all areas of law enforcement. We are estimating that we could potentially go through five hundred boxes at \$15.35 per box (100 gloves, 50 pairs), total cost \$7,675. Eye protection is another area of focus with PPE precautions; we have estimated needing approximately 200 pairs of safety goggles for our deputies in both patrol and detention. Average cost of protective eyewear is \$10.00 each, for a total of \$2,000.

Additionally we are requesting funding for hand sanitizer and no touch thermometers in our preparation for the next waves of the pandemic. Currently we have been benefiting from donated hand sanitizer from local distilleries and have had limited need to procure this item. However, with upcoming predictions of new waves of the pandemic it is feasible to expect our department to need to purchase additional hand sanitizer. We looked at sanitizers that were at least 70% alcohol based in an average size of 7oz. We are guessing that we would need at least one bottle per deputy and are requesting funding for up to 200 bottles at \$6 each for a total of \$1,200. Our last anticipated need is that of no touch thermometers for both deputies, civilian staff and inmates. Depending on the severity of the pandemic, we will need to monitor all personnel and inmates for fevers associated with COVID. No touch thermometers average \$80 each and we would need to order approximately 20 for a total of \$1,600.

Our department has been lucky insofar that we have not had staffing shortages due to COVID, however we anticipate with the second and third waves predicted that this could become an area of concern. We are preparing to have to ask deputies to work overtime if other patrol and detention staff become exposed or infected with COVID. We would like to request \$10,000 for overtime and associated benefits in the two-year period. Overtime rates range from \$31.97 to \$37.83 per hour for our deputies and benefits range from \$12.00 to \$14.00 per hour. Benefits include social security, Medicare, workers comp, retirement, health, dental and life insurance. With salary and benefits, our overtime totals range from \$43.97 to \$51.83 per hour. With the requested \$10,000, we estimate that we can provide 193-227 hours of overtime over the two-year period of the grant. This will equate to approximately 96-113 hours of overtime per year. Again, this is an estimate to our best knowledge of what the future needs of our department could be.

Lastly, we would like to request \$10,000 for supplies, which will allow our department to work tele-remotely as, needed in preparation for more severe waves of the pandemic. The department currently

does not have the capability to have employees work from home (sex offender office, booking staff, records staff and other admin positions to include victim services). We would like to purchase fifteen Chromebooks with monitors and the zoom business licensing to be used for staff to meet social distance guidelines and have the capability to work from home. In particular, we are looking at the Chromebook-Lenovo S330 or comparable item that run about \$350 each. We would request fifteen for a total of \$5,250. We are also requesting fifteen monitors to accompany those Chromebooks, 24inch ACER R240hy or comparable item at \$150 each for a total of \$2,250. We would need a Zoom business license for our communication needs both internally and externally and that would cost \$2,000. Finally, we would need HDMI cables for each Chromebook and they run \$10 each for a total of \$150. We have estimated a total of \$10,000 in the supplies line item for telework items to allow for flexibility on prices and shipping costs.

Plan for Data and Reporting

The Laramie County Sheriff's Department will collect data and will forward the statistics to the Laramie County Grants Manager quarterly for the completion of reports. All performance measures will be monitored and recorded for maximum grant efficiency. Our department is experienced with managing federal grant funds and our county is financially equipped with the ability to ensure compliance and appropriate expenditures.

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N

[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name	Position	Computation						
List each name, if known.	List each position, if known.	Show annual salary rate & amount of time devoted to the project for each name/position.						
		Salary	Rate	Time Worked (# of hours, days, months, years)	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Patrol/Detention	Deputy	\$34.90	hourly	105	100%	\$3,665		\$3,665
Total(s)						\$3,665	\$0	\$3,665

Narrative

We are requesting approximately 105 hours of overtime for deputies to use in year one of the grant. Overtime rates range from \$31.97 to \$37.83 per hour for our deputies based on rates of pay and longevity. We estimate that in year one, this will allow us to have 105 hours of overtime. Overtime will be based upon actual costs associated with each deputy and will be requested accordingly. Overtime for personnel is both for patrol and detention deputies and will be used where needed to cover for deputies out due to COVID.

B. Fringe Benefits						
Name		Computation				
List each grant-supported position receiving fringe benefits.		Show the basis for computation.				
		Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
Fringe benefits for overtime		\$1,365.00	100.00%	\$1,365		\$1,365
Total(s)				\$1,365	\$0	\$1,365
Narrative						
Benefits are associated with overtime budgeted above for year one based on 105 hours. Benefits include social security, Medicare, workers comp, retirement, health insurance, dental insurance and life insurance. Average benefits range from \$12.00 to \$14.00 per hour, for our calculations we averaged it at \$13.00 per hour. Benefits requested for personnel is both for patrol and detention deputies and will be based on actual costs.						

E. Supplies						
Supply Items		Computation				
Provide a list of the types of items to be purchased with grant funds.		Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
HDMI Cable		15	\$10.00	\$150		\$150
Monitor 24"-Acer R240HY or comp		15	\$150.00	\$2,250		\$2,250
Chromebook-Lenovo S330 or comp		15	\$350.00	\$5,250		\$5,250
No Touch Thermometers		20	\$80.00	\$1,600		\$1,600
Hand Sanitizer		200	\$6.00	\$1,200		\$1,200
Safety Googles		200	\$10.00	\$2,000		\$2,000
Nitrile Gloves		500	\$15.35	\$7,675		\$7,675
N95 Medical Masks		204	\$12.00	\$2,448		\$2,448
Isolation Gowns		8	\$69.00	\$552		\$552
Coverall Suits		100	\$13.00	\$1,300		\$1,300
Plexiglass Barrier		5	\$700.00	\$3,500		\$3,500
Total(s)				\$27,925	\$0	\$27,925
Narrative						

For the tele-remote work, we need to purchase fifteen HDMI cables for the Chromebooks and monitors to allow for proper hookups and connections. These average around \$10 each for a total of \$150. We are requesting the purchase of fifteen 24" monitors to go with the purchase of Chromebooks listed below. This will ensure adequate workspace for each employee to carry out departmental functions. The monitors run approximately \$150 each for a total of \$2,250. For the tele-remote work we are requesting the purchase of up to fifteen Chromebooks or other comparable item, at an average cost of \$350 each for a total requested of \$5,250. This will allow our employees to work off site to ensure social distancing. No touch thermometers will be a critical component to managing our staff and inmates for potential infection control. We are requesting 20 thermometers and they average \$80 each for a total of \$1,600. Hand sanitizer is a supply that we are anticipating needing for all of our staff at the Sheriff's Department. We are looking specifically at formulas that contain at least 70% alcohol in an average size of 7oz. The average cost is \$6.00 and we are requesting to purchase approximately 200 bottles for a total of \$1,200. Eye protection and safety goggles are being requested for our patrol and detention deputies, we are estimating that we would need 200 pairs. They average \$10 each for a total of \$2,000. Nitrile gloves are by far the most needed item in our request; we are estimating that we could potentially go through 500 hundred boxes (100 gloves per box, 50 pairs). Gloves average \$15.35 per box and we are requesting an amount of \$7,675. N95 medical masks come in a box of 20 at an average cost of \$12.00 per box. We would like to request 204 boxes for a total cost of \$2,448. The masks are for both patrol and detention deputies and we estimate that the requested amount will allow our department to weather the pandemic. We would like to request \$552.00 towards the purchase of isolation gowns for the Sheriff's Department. This will allow the purchase of four different sizes of gowns for both the adult and juvenile detention centers. These gowns cost approximately \$69.00 for a box of fifty. We are requesting \$1,300 for the purchase of coverall suits that include four different sizes to include three-piece suits that have hoods, coveralls, and boots. The average prize is \$13.00 and we are looking at purchasing 100. Finally, we are requesting \$3,500 towards the purchase of up to five plexiglass barriers for high public interaction areas in our department. We are estimating that they will cost approximately \$700 each. Total requested amount under supplies for year one is \$27,925. These estimated amounts are subject to change based on supply and demand at the time of purchase, and we anticipate needing flexibility in this budget based on the nations needs.

							\$0		\$0
Total							\$0	\$0	\$0
Narrative									
I. Other Costs									
Description		Computation							
<i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>		<i>Show the basis for computation</i>							
		Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request	
Shipping costs associated with telework purchases		1		\$350.00	1	\$350		\$350	
Zoom Business License		1		\$2,000.00	1	\$2,000		\$2,000	
Total(s)						\$2,350	\$0	\$2,350	
Narrative									

In the "other cost" budget line item we would like to budget \$350 for shipping costs for the supplies mentioned above, any additional shipping costs not covered by the purchase of the requested PPE or other supplies will be covered by the department. We are also requesting a Zoom Business license for virtual meetings both internally and externally for staff working tele-remotely and practicing social distancing. The requested license is for one year and is \$2,000. Total amount requested under the "Other Costs" line item is \$2,350.

Budget Detail - Year 2

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
(DOJ Financial Guide, Section 3.10)

A. Personnel

Name	Position	Computation						
List each name, if known.	List each position, if known.	Show annual salary rate & amount of time devoted to the project for each name/position.						
		Salary	Rate	Time Worked (# of hours, days, months, years)	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Patrol/Detention	Deputy	\$34.78	hourly	104	100%	\$3,618		\$3,618
Total(s)						\$3,618	\$0	\$3,618

Narrative

We are requesting approximately 104 hours of overtime for deputies to use in year two of the grant. Overtime rates range from \$31.97 to \$37.83 per hour for our deputies based on experience and longevity. We estimate that in year two this will allow us to have 104 hours of overtime. Overtime will be based on actual costs associated with each deputy and will be requested accordingly. Overtime for personnel is both for patrol and detention deputies and will be used where needed to cover for deputies out due to COVID.

B. Fringe Benefits						
Name		Computation				
List each grant-supported position receiving fringe benefits.		Show the basis for computation.				
		Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
Fringe benefits for overtime		\$1,352.00	100.00%	\$1,352		\$1,352
Total(s)				\$1,352	\$0	\$1,352
Narrative						
		Benefits are associated with overtime budgeted above and is based on 104 hours. Benefits include social security, Medicare, workers comp, retirement, health insurance, dental insurance and life insurance. Average benefits range from \$12.00 to \$14.00 per hour, we used \$13.00 per hour for our calculations. Requested benefits for personnel is for both patrol and detention deputies and will be based on actual costs.				

Additional Assurances and Certifications:

Laramie County certifies that they will follow all Local, State and Federal rules and regulations concerning procurement of grant funds. We will not practice any lobbying activities and we are a Drug Free Workplace.

Laramie County provides assurance that we will not contract or work with any vendor that is debarred or suspended in sam.gov and in turn, we will continue to maintain our active status.

Laramie County will not accept any other federal funds that may duplicate these efforts. We do not request any indirect expenses or cost rates.



BJA FY 20 Coronavirus Emergency Supplemental Funding Program

2020-H4705-WY-VD


[Application](#)
[Correspondence](#)
Application:

Application Handbook

Assurances and Certifications

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[Review SF 424](#)
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To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the following:

1. [Assurances](#)
2. [Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.](#)

If you are an applicant for any Violence Against Women grants, this includes the Certification of Compliance with the Statutory Eligibility Requirements of the Violence Against Women Act.

* - Indicates required field

*Prefix:	<input type="text" value="Mrs."/>
Prefix (Other):	<input type="text"/>
*First Name:	<input type="text" value="VALERIE"/>
Middle Initial:	<input type="text" value="K"/>
*Last Name:	<input type="text" value="MILLER"/>
Suffix	<input type="text" value="Suffix:"/>
Suffix (Other):	<input type="text"/>
*Title:	<input type="text" value="Executive Assistant"/>
*Address Line 1:	<input type="text" value="310 WEST 19TH STREET"/>
Address Line 2:	<input type="text" value="SUITE 300"/>
*City:	<input type="text" value="CHEYENNE"/>
County:	<input type="text" value="LARAMIE"/>
*State:	<input type="text" value="Wyoming"/>
*Zip Code:	<input type="text" value="82001"/> - <input type="text" value="4452"/> Zip+4 Lookup
*Phone:	<input type="text" value="307"/> - <input type="text" value="633"/> - <input type="text" value="4260"/> Ext : <input type="text"/>

Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*E-mail:	<input type="text" value="COMMISSION@LARA"/> Email Help
<p>* <input checked="" type="checkbox"/> I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested throughout this application system on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.</p>	
<input type="button" value="Save and Continue"/>	