

EDWARD BYRNE MEMORIAL
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
RIMS NIBRS UPDATE
PROJECT NARRATIVE
FY 2021 LOCAL

The violent crime rate in Humboldt County has increased sharply since 2014 and is at 432 offenses per 100,000 people.¹ The rural nature of the county poses a threat to officer safety, as response times for back-up are longer than in more urban regions. Humboldt County's suffering economy has led to decreased tax revenue at a time when there are increased demands for law enforcement presence. The coronavirus pandemic has greatly impacted local budgets, with potential cuts in the double-digits. There is always a significant need for additional resources, like JAG funding, to help the Humboldt County Sheriff's Office (HCSO) adequately serve Humboldt's population as requirements change. The Federal Bureau of Investigation (FBI) hopes to standardize reporting requirements through implementation of the National Incident Based Reporting System (NIBRS). Compliance with NIBRS data collection was set to start on January 1, 2021. Gathering statistics in a way that can be compared on a national level will be extremely beneficial, however implementation continues to be a challenge and come with additional costs on HCSO in this difficult budgetary landscape.

As a prior recipient of this Justice Assistance Grant Program, the department has used the 3% set-aside to work towards compliance. Now the decision has been made to

¹ County Health Rankings & Roadmaps: California; Humboldt; Violent Crimes. 2019.
<http://www.countyhealthrankings.org/app/california/2019/measure/factors/43/data?sort=sc-5>

dedicate all awarded grant funds to meeting this deadline. Procuring NIBRS software is step one in the FBI's "The Road to NIBRS." Costs associated with upgrading HCSO's RIMS database to NIBRS compatibility are expected to be around \$25,000. This project will focus on funding the required additional software purchase component required to implement NIBRS data tracking. Transitioning to this new tracking system will allow for more analysis on all levels and for better allocation of HCSO's limited resources. Through the assistance of this grant, a timely shift into compliance will be possible.

This application is focused on the following JAG Project Identifiers:

1. Computer Software/Hardware
2. Criminal Records
3. Data Sharing Linkage
4. Outcome Evaluation
5. Program Evaluation
6. System Improvements

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/> California
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text"/> Humboldt County Sheriff's Office	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-6000513	* c. Organizational DUNS: <input type="text"/> 1383912190000

d. Address:

* Street1:	<input type="text"/> 826 4th Street
Street2:	<input type="text"/>
* City:	<input type="text"/> Eureka
County/Parish:	<input type="text"/> Humboldt County
* State:	<input type="text"/> CA: California
Province:	<input type="text"/>
* Country:	<input type="text"/> USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/> 955010516

e. Organizational Unit:

Department Name: <input type="text"/> Humboldt County Sheriff	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text"/> Tammi
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/> Gilbert	
Suffix: <input type="text"/>	

Title: <input type="text"/> Administrative Analyst
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Organizational Affiliation: <input type="text"/> Humboldt County Sheriff's Office
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* Telephone Number: <input type="text"/> 7072683662	Fax Number: <input type="text"/>
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* Email: <input type="text"/> tgilbert1@co.humboldt.ca.us

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2021-35004

* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

C-BJA-2021-00149-PROD

Title:

Category 1 - Applicants with eligible allocation amounts of less than \$25,000

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Humboldt County Byrne Jag 2021

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,615.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,615.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" 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
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: Humboldt County Sheriff's Office

* Street 1: 826 4th Street Street 2: _____

* City: Eureka State: _____ Zip: 95501

Congressional District, if known: 2

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: Office of Justice Programs	7. * Federal Program Name/Description: Edward Byrne Memorial Justice Assistance Grant Program
	CFDA Number, if applicable: 16.738

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
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10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name N/A Middle Name N/A

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 N/A

* City N/A State _____ Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 _____

* City N/A State _____ Zip _____

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 the 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: Completed on submission to Grants.gov

* Name: Prefix _____ * First Name N/A Middle Name _____
* Last Name N/A Suffix _____

Title: _____ Telephone No.: _____ Date: Completed on submission to Grants.gov

Federal Use Only: _____ **Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)**

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 <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0
Narrative								

Purpose Area #4

B. Fringe Benefits						
Name		Computation				
<i>List each grant-supported position receiving fringe benefits.</i>		<i>Show the basis for computation.</i>				
		Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
			N/A					\$0		\$0
Total(s)								\$0	\$0	\$0
Narrative										

Purpose Area #4

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
Sunridge "RIMS" Database NIBRS Compliant Interface	1	\$25,000.00	\$25,000	\$4,385	\$20,615
Total(s)			\$25,000	\$4,385	\$20,615
Narrative					
<p>To come into NIBRS compliance, all grant funds will be allocated to pay for the upgrade to the department's database. With revenue shortfalls constricting the budget, finding other funds for this project will be very challenging, despite how critical it is. This upgrade will allow the Humboldt County Sheriff's Office to achieve its goal of meeting the standards for reporting set by the Federal Bureau of Investigation.</p>					

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

G. Subawards (Subgrants)								
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>		Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>				
				Total Cost	Non-Federal Contribution	Federal Request		
						\$0		
Total(s)				\$0	\$0	\$0		
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
			Total			\$0	\$0	\$0
Narrative								
H. Procurement Contracts								
Description		Purpose		Consultant?				

Purpose Area #4

<p><i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i></p>		<p><i>Describe the purpose of the contract</i></p>		<p><i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i></p>						
						Total Cost	Non-Federal Contribution	Federal Request		
								\$0		
Total(s)						\$0	\$0	\$0		
Consultant Travel (if necessary)										
Purpose of Travel		Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
								\$0		\$0
Total						\$0	\$0	\$0		
Narrative										
I. Other Costs										
Description			Computation							

Purpose Area #4

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).	Show the basis for computation						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
<i>Total(s)</i>					\$0	\$0	\$0
Narrative							

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		<i>Base</i>	<i>Indirect Cost Rate</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
				\$0		\$0
<i>Total(s)</i>				\$0	\$0	\$0
Narrative						



HUMBOLDT COUNTY SHERIFF'S OFFICE

WILLIAM F. HONSAL, SHERIFF/CORONER

CIVIL/COURTS
(707) 445-7335

MAIN STATION
826 FOURTH STREET • EUREKA CA 95501-0516
PHONE (707) 445-7251 • FAX (707) 445-7298

CUSTODY SERVICES
(707) 441-5159

July 16, 2021

To whom it may concern:

Humboldt County does not have pending applications submitted within the last 12 months for federally funded grants or subgrants (including cooperative agreements) that include requests for funding to support the same project being proposed under this solicitation, SI-135004/BJA FY 21 JAG Local, and will cover the identical cost items outlined in the budget narrative and worksheet in the application under this solicitation.

Please contact me if you have any questions.

Thank you,

A handwritten signature in blue ink that reads "Katie Collender". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Katie Collender
Senior Administrative Analyst
Humboldt County Sheriff Office
(707) 268-2526
KCollender2@co.humboldt.ca.us

MCKINLEYVILLE STATION
(707) 839-6600

GARBerville STATION
(707) 923-2761

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(707) 445-7242

ANIMAL CONTROL
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TRINITY RIVER STATION
(530) 629-1025



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July 16, 2021

To whom it may concern:

The Humboldt County Sheriff's Office application for the solicitation, SI-135004/BJA FY21 JAG Local, does not propose research and development and/or evaluation. Therefore, no additional information regarding demonstrating research/evaluation independence and integrity, including appropriate safeguards is necessary

Please contact me if you have any questions.

Thank you,

A handwritten signature in blue ink that reads "Katie Collender".

Katie Collender
Senior Administrative Analyst
Humboldt County Sheriff Office
(707) 268-2526
KCollender2@co.humboldt.ca.us

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