



## Governor's Office of Highway Safety

7 Martin Luther King Jr Drive • Suite 643 • Atlanta, Georgia 30334

Telephone: 404.656.6996 or 888.420.0767 • Facsimile: 404.651.9107

[www.gahighwaysafety.org](http://www.gahighwaysafety.org)

Brian P. Kemp  
GOVERNOR

Allen Poole  
DIRECTOR

October 1, 2019

Mr. Zachary Williams  
DeKalb County Police Department  
1300 Commerce Drive  
Decatur, GA 30030

**Re: Application #: GA-2020-DeKalb Cou-00037-C**  
**Grant #: GA-2020-402 PT-037**  
**Project Title: HEAT DeKalb County Police Department**  
**CFDA #: 20.600**

Dear Mr. Zachary Williams:

Congratulations! It is my pleasure to inform you that your application in the amount of **\$39,629.76** federal funds has been approved. The effective date of the grant is October 1, 2019 through September 30, 2020. Allowed costs incurred within this period are reimbursable at a rate of 20% of the approved federal funds allocated above. Please keep in mind that all GOHS Grant funds must be identified separately in your accounting system. For additional details, please reference the Grant Terms and Conditions #5 entitled, "Accounting Records/Source Documentation."

As a reminder, GOHS and the National Highway Traffic Safety Administration (NHTSA) must provide your agency with written approval prior to the purchase of any equipment item costing \$5,000.00 or more. Throughout this process, your agency must ensure that their local procurement policies as well as the Buy America Act requirements are followed. If local policies are not available, your agency must use the State of Georgia procurement procedures.

GOHS is required to complete Risk Assessments on each grantee prior to the award and notify the grantee of the outcome. The Risk Assessment is based upon prior grants, audit reports, and/or interaction during the application process. Your agency's Risk Assessment score for the FFY2020 grant year is **Low**. For additional information, please review the enclosed attachment entitled, "Risk Assessment".

If your jurisdiction/agency (combined) receives federal funds of \$750,000.00 or more in a year, an audit is required in accordance with OMB Circular A-133. A copy of the audit report must be submitted to the Governor's Office of Highway Safety (GOHS) prior to September 30, 2020.



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Agencies awarded federal funds through GOHS are required to receive their reimbursement payments electronically. If your agency received funds in FFY 2019, please review the information previously submitted on your Vendor Management Form (VMF) and update if needed by utilizing the enclosed "revised" VMF. If no changes are needed, GOHS will continue to use the information previously submitted to reimburse electronically. Agencies that did not receive federal funds in FFY 2019 must complete the enclosed VMF. Please note that in completing the VMF, GOHS will complete the Supplier's number under Section 1 along with Section 5 once submitted. Upon completion, please mail the VMF to Ms. Janice Crawford, GOHS Accounts Payable Administrator at the above address OR email her at, [jcrawford@gohs.ga.gov](mailto:jcrawford@gohs.ga.gov) no later than October 15, 2019. Once claims for reimbursement have been submitted, your agency can verify the payment status on the State of Georgia Accounting Office's vendor management portal at <http://sao.georgia.gov/vendor-payment-management>.

The Grant Terms and Conditions contain important information from GOHS. Enclosed you will find updated Grant Terms and Conditions (Sept 2019) as well as GOHS Special Conditions governing the above-referenced project. These documents clearly identify the guidelines and requirements governing your grant. **Please note that promotional/ incentive type items may not be reimbursed. This includes, but is not limited to, key chains, shirts, cups, pens, and bags.**

A copy of your grant application may be downloaded at <https://georgia.intelligrants.com>. After logging in, search for your grant by clicking on the Applications/Grants tab at the top of the page. Once you have located the appropriate grant, go to Access Management Tools and you will see the link to create a pdf.

Included with this letter is a copy of your signed certification page for your files.

Should you have questions regarding the content of this letter, please contact your assigned grant manager, Mr. Jared Eaves at (404) 656-6996. GOHS looks forward to your partnership in helping to make Georgia's roadways safer.

Sincerely,



Allen Poole  
Director

AP

Enclosures (5)

cc: Derick Asberry, Agency Administrator  
Ms. Antoinette Williams, Financial Officer  
Mr. Jared Eaves, Planner/Grant Manager




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**General Application 2020**  
**Organization: DeKalb County Police Department**  
**GA-2020-DeKalb Cou-00037-C**  
**Certification and Signatures**

I certify that I understand and agree to comply with the general and fiscal year terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the grantee; and, that the receipt of grantor funds through the Governor's Office of Highway Safety will not supplant state or local funds. **Monthly reimbursement claim submissions filed electronically are in effect, "electronically signed"**.


**Agency Administrator \***

Name: Derick Asberry Title: Lt.  
Agency: DeKalb County Police Department Address: 1960 West Exchange Place  
Tucker, GA, 30084  
Phone Number: (404) 392-5947 Email Address: daasberry@dekalbcountyga.gov  
Fax Number: Signature:  Date: 3/29/2019

**Agency Staff \***

Name: Ms. Antoinette Williams Title: Planning and Research Manager  
Agency: DeKalb County Police Department Address: 1960 West Exchange Place  
Tucker, GA, 30084  
Phone Number: (770) 724-7989 Email Address: alwilliams1@dekalbcountyga.gov  
Fax Number: Signature:  Date: 5/6/2019  
FEI Number: 58-6000814

**Authorized Official \***

Name: Mr. Zachary Williams Title: COO/Executive Assistant  
Agency: DeKalb County Police Department Address: 1300 Commerce Drive  
Decatur, GA, 30030  
Phone Number: (404) 371-2174 Email Address: zwilliams@dekalbcountyga.gov  
Fax Number: Signature:  Date: 3/29/2019

**\* NOTE: AGENCY ADMIN, AGENCY STAFF AND AUTHORIZED OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.**



**ORIGINAL**

*uploaded  
5-23-19*

# GOVERNOR'S OFFICE OF HIGHWAY SAFETY GRANT SPECIAL CONDITIONS

## H.E.A.T. Law Enforcement

The Georgia Governor's Office of Highway Safety (GOHS) is pleased to award this grant, with the following **special conditions**:

All GOHS grantees are expected to fulfill the following requirements in addition to the terms and conditions in the attached grant application:

1. All grantees are **required** to promote Georgia's safety belt laws, to include the necessity of drivers and passengers wearing safety belts and placing children in age/height appropriate child safety restraints. The most current information can be found on the GOHS website.
2. All grantees are **required** to publicize the GOHS grant in the media, utilizing print, radio and/or television. A record must be kept and provided to GOHS of all print media articles related to the grant as well as a copy of all announcements sent to radio and television stations. If possible, please provide radio/television station verification of the dates and times when announcements were aired.
3. All printed items produced with grant funds or ordered and paid for by this grant must receive prior approval from GOHS and include the current GOHS logo and/or a statement that says either, "*This project is funded by the Georgia Governor's Office of Highway Safety*" or "*The Georgia Governor's Office of Highway Safety is a full partner in this program.*" Photo or scan of final produced item shall be attached with the invoice when filing for reimbursement.
4. All equipment must be purchased within the first 90 days after the grant award effective date. Equipment with a cost of \$5000.00 or more must be approved by GOHS and NHTSA prior to purchase. The agency must ensure that their local procurement policies as well as the Buy America Act are followed.
5. H.E.A.T. enforcement hours are a condition of the project. GOHS will no longer reimburse based upon a salary of an individual. Please review full Grant Terms and Conditions for further regarding the "General Cost of Government" regulations.
6. Qualified Officers/Deputies assigned to H.E.A.T. enforcement hours must provide documentation showing hours worked AND hours worked on the project along with enforcement activity on a monthly basis.
7. Qualified officers/deputies must have sufficient training in traffic enforcement, including Radar, Laser, Standardized Field Sobriety, etc. ARIDE and DRE training are highly recommended.
8. Grantee receiving funding from GOHS must submit programmatic and claim reports MONTHLY, by the 20th of the following month. Monthly reports must document and support the objectives and activities outlined in grant. No financial claim will be processed without a programmatic report, which supports the expense.
9. Grant amendments, if needed, must be submitted in eGOHS Plus prior to June 30<sup>th</sup>.
10. Grantee **must** submit a final report. The established due date will be provided by GOHS prior to the end of the grant fiscal year.
11. All grant programs **must** have an evaluation component that is approved by the Governor's Office of Highway Safety.

# GOVERNOR'S OFFICE OF HIGHWAY SAFETY GRANT SPECIAL CONDITIONS

## H.E.A.T. Law Enforcement

12. The Grantee **must** participate in a regional Traffic Enforcement Network. This should include monthly meetings, local safety events and campaigns, and press events.
13. All grant programs must cooperate fully with entities dealing with traffic safety issues to include but not limited to: MADD, SADD, Safe Kids, Public Health, other enforcement agencies, etc.
14. Law enforcement grantees are encouraged to seek out community partners for the purposes of promoting traffic safety education. These include, but are not limited to, school, civic associations, faith-based organizations, and private businesses.
15. The Grantee must participate in Click-it or Ticket, Drive Sober or Get Pulled Over (Operation Zero Tolerance), Thunder Task Force, and other National Highway Safety campaigns and report numbers for each campaign to GOHS online reporting.
16. Electronic crash reporting should be a high priority for GOHS grantees
17. Grantees are required to maintain the H.E.A.T. color scheme on vehicles participating in the project. These vehicles shall be Dark Blue with silver/ grey lettering.
18. Unless otherwise dictated by the employing agency's policy and/or agency's management, H.E.A.T. officers must issue 1205 suspensions when applicable under Georgia law and must attend all ALS Hearings.
19. Grantee must report when any vehicle purchased with GOHS funds is involved in a crash. A copy of the police report, along with other supporting documents, must be submitted to GOHS within 30 days after the crash.
20. Grantees must obtain prior approval from GOHS before any out of state travel. A **Travel Authorization Form** must be submitted and approved in eGOHS Plus prior to making travel arrangements. Claims and Reports will need to be up-to-date prior to approval.
21. Each participating law enforcement agency will conduct checkpoints and/or saturation patrols on at least four nights during the National impaired driving campaign and will conduct checkpoints and/or saturation patrols on a quarterly basis throughout the remainder of the year.

Please direct any questions about your grant and/or these conditions to  
Jared Eaves at [jared.eaves@gohs.ga.gov](mailto:jared.eaves@gohs.ga.gov) or 404-656-6996.





# SUPPLIER (VENDOR) MANAGEMENT ADD/CHANGE FORM

The Vendor Liaison should submit this form to SAO Vendor Management Group for verification and approval. Agency Liaisons must complete Section 5 of the form to obtain approval. All necessary supporting documentation must be attached. (\*Required fields)

## SECTION 1 – SUPPLIER IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

\*NEW  \*EXISTING

\*SUPPLIER NUMBER: \_\_\_\_\_ \*FEI/SSN/TIN NUMBER: \_\_\_\_\_

\*SUPPLIER NAME: \_\_\_\_\_

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ EXT: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ EXT: \_\_\_\_\_

LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)

FAX#: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

## SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR SIGNED BANK LETTER)

(REQUIRED FOR ALL NEW SUPPLIERS OR CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #: \_\_\_\_\_ BANK ACCOUNT #: \_\_\_\_\_

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for SPECIFIC purpose. \_\_\_\_\_

Describe specific purpose

### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: \_\_\_\_\_ LOC#: \_\_\_\_\_

PYMT REMIT EMAIL: \_\_\_\_\_ LOC#: \_\_\_\_\_

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer \_\_\_\_\_ Signature of Company Officer \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY) REQUIRED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Classification Change               | <input type="checkbox"/> Deactivate/Reactivate (Enter Justification in Section 4) | <input type="checkbox"/> 1099 Code _____              |
| <input type="checkbox"/> Name/FEI/TIN Change                 | <input type="checkbox"/> Add/Change Address Addr#: _____                          | <input type="checkbox"/> Other (Details in Section 4) |
| <input type="checkbox"/> Bank Account Add/Change Loc#: _____ | <input type="checkbox"/> HCM Vendor   | <input type="checkbox"/> Statewide Contract (SWC)     |

Documentation for Vendor Name/FEI/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc.); Confirmation from Secretary of State's office of legal name change; OR a newly completed W-9 form provided by the vendor.

### BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

- |  |  |
|--|--|
| <input type="checkbox"/> Small Business    | <input type="checkbox"/> Women Owned                 |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified |

### MINORITY BUSINESS ENTERPRISE (51% Owned):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hispanic – Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American    | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Not Applicable  |

## SECTION 4 – ADDITIONAL COMMENTS

## SECTION 5 - STATE OF GEORGIA AGENCY LIAISON CONTACT INFORMATION (COMPLETED BY AGENCY LIAISON ONLY) ALL FIELDS REQUIRED.

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_