



COO'S Office

OCT 23 2018

**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)

Nathan Deal  
GOVERNOR

Harris Blackwood  
DIRECTOR

October 12, 2018

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

Re: Application #: GA-2019-DeKalb Cou-00063-C  
Grant #: GA-2019-402PT-063  
Project Title: HEAT DeKalb County Police Department  
CFDA #: 20.600

Dear Mr. Zachary Williams:

As a follow-up to the email you received on September 27, 2018, the Governor's Office of Highway Safety (GOHS) is submitting this formal notification confirming the approval of your grant award in the amount of \$34,342.65 federal funds for Federal Fiscal Year 2019 (FFY 2019). As stated in the email, the start date for the grant was October 1, 2018 and will conclude September 30, 2019. All allowable costs incurred during this period will be reimbursed at a rate of 100% of the awarded federal amount listed above.

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 for the FFY2019 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, 2019.

Agencies awarded federal funds through GOHS are required to receive their reimbursement payments electronically. If your agency received funds in FFY 2018, please review the information previously submitted on your Vendor Management Form (VMF) and update if needed. If no changes are needed, GOHS will continue



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to use the information previously submitted to reimburse electronically. Agencies that did not receive federal funds in FFY 2018 must complete the enclosed VMF. 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 **November 2, 2018**. 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. To review the document, please log into the State of Georgia Grant Management System and there you will find the Grant Terms and Conditions attached to your executed grant. Enclosed you will find 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 planner, Ms. Courtney Nelson at (404) 656-6996. GOHS looks forward to your partnership in helping to make Georgia's roadways safer.

Sincerely,



Harris Blackwood  
Director

HB/cmh

Enclosures (4)

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



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## 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 grant equipment must be purchased within the first three (3) months after the grant award notification date. Equipment with a cost of \$5,000.00 or more must be approved by GOHS and NHTSA prior to purchase. Throughout this process, your agency must ensure that their local procurement policies as well as the Buy America Act requirements are followed. If policies aren't available, your agency must follow the State of Georgia procurement policy.
5. Grant amendments, regarding claim submission, must be submitted in eGOHS Plus prior to June 30th. After June 30<sup>th</sup>, only amendments regarding personnel changes will be accepted and approved by GOHS before the grant period ends.
6. As the grant period ends (September 30<sup>th</sup>), grantee must submit "Final Report" highlighting objectives met/unmet, major accomplishments, etc. The established due date will be provided by GOHS prior to the end of fiscal year.
7. Grantees receiving grant funding from GOHS must submit a monthly programmatic and claim reports via [www.egohsplus.intelligrants.com](http://www.egohsplus.intelligrants.com). Monthly reports are due by the 20<sup>th</sup> of the month after expenses and activities occurred. Monthly reports must document and support grant activities and expenses. Please note that financial claims will not be processed without a submitted programmatic report reflecting/supporting the expenses for the month.
8. All grant programs must have an evaluation component that is approved by the Governor's Office of Highway Safety.
9. The Grantee must participate in a regional Traffic Enforcement Network. This should include monthly meetings, local safety events and campaigns, and press events.
10. 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.
11. 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, schools, civic associations, faith-based organizations, and private businesses.



**GOVERNOR'S OFFICE OF HIGHWAY SAFETY**  
**7 Martin Luther King Jr. Drive SW**  
**Suite 643**  
**Atlanta, GA 30334**

## ***Risk Assessment***

Monitoring levels and monitoring needs are established by the Pre-Award Risk Assessment, which is completed by the planner and a member of the GOHS fiscal staff prior to the grant being executed. Grantees will fall into one of the following risk areas: Low, Medium and High Risk.

Based on the rating scale in the Risk Assessment Form, grantees are placed in one of the following risk areas. Grants will be monitored this grant year according to that placement.

### **Low Risk**

1. Standard monitoring will include on-going desktop monitoring, Grant Status Reports, Onsite visits, Final Report, and evaluation.

### **Medium Risk**

1. Standard monitoring as listed under Low Risk.
2. Financial Review during the first quarter.
3. Pending single audit results, GOHS could withhold full or partial payments.
4. GOHS will provide training and technical assistance on program related matters.

### **High Risk**

1. Same monitoring as Low and Medium Risk.
2. A meeting will be scheduled between GOHS and grantee within the first month of the grant.
3. Grant training attendance will be required by two of the following: Authorizing Official, Agency Administrator, or Agency Staff (Financial Officer).



### VENDOR MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

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

VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EMP ID NUMBER: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

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

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

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

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 a SPECIFIC purpose \_\_\_\_\_  
(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods 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 above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

\_\_\_\_\_  
(Vendor Printed Name) (Vendor Signature) (Date)

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

- New Vendor
- Classification Change \_\_\_\_\_
- Name Change\*\*
- Bank Account Add
- E-Payable
- Add address
- Change of Address: Address # \_\_\_\_\_
- Bank Account Change
- 1099 Code \_\_\_\_\_
- FEI/TIN Change\*\*
- Other (provide details in Section 4)
- Bank Account Delete

**Documentation for Vendor Name/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.**

#### SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- GA Based Business
- Women Owned
- Minority Business Certified
- Minority Business Enterprise
- Hispanic-Latino
- African American
- Native American
- Asian American
- Pacific Islander

#### SECTION 4 – ADDITIONAL COMMENTS

#### SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)


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.

Requestor Name: Janice Crawford Agency BU#: 46600 Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: jcrawford@gohs.ga.gov Phone: 404-656-6996 Fax #: 404-651-9107

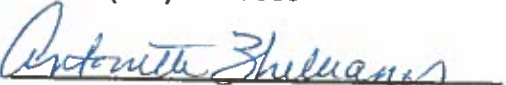
**General Application 2019**  
**Organization: DeKalb County Police Department**  
**GA-2019-DeKalb Cou-00063-C**  
**Version Date: 09/28/2018 11:54:38**  
**Certification and Signatures**

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".**

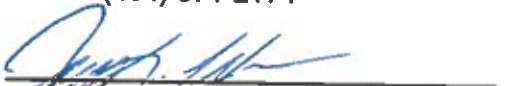
**Agency Administrator \***

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: 7/25/2018

**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: 3/22/2018  
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: zlwilliams@dekalbcountyga.gov  
Fax Number: Signature:  Date: 3/22/2018

**\* 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**

*Copy*

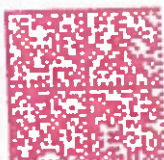
*10-18-18*

*Signed 9/28/18*





Governor's Office of Highway Safety  
7 Martin Luther  
Atlanta, Georgia



UNITED STATES POSTAGE  
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MAILED FROM ZIP CC

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

 **Awarded Grant**