

ALCOHOL POLICING PARTNERSHIP (APP) PROGRAM

REQUIRED GRANT FORMS

Due by: March 29, 2021

Includes:

- Proposal Cover Sheet
- Scope of Work
- Budget Detail
- Other Funding Sources
- Resolution of Governing Body (Sample)

Resolution is not needed with RFP package but will be required with agreement.

For further instructions and detailed information, please refer to the RFP Guidelines



State of California
Department of Alcoholic Beverage Control
Alcohol Policing Partnership Program

PROPOSAL COVER SHEET
 (TO BE COMPLETED BY APPLICANT AGENCY)

| | |
|---|---|
| 1. Name of Applicant Agency: | |
| 2. Description of Applicant Agency: <i>Provide your city or county and a brief summary of department size, staffing, and structure.</i> | |
| 3. Number of Licenses in Project Area: | 4. Population of Service Area: |
| 5. Project Description: <i>Provide a list of your project's goals and objectives and briefly summarize.</i> | |
| 6. Funds Requested: | 7. Project Period: July 1, 2021 – June 30, 2022 |
| 8. Acceptance of Conditions: By submitting this proposal, the applicant signifies acceptance of the responsibility to comply with all requirements stated in the Request for Proposals. The applicant understands that ABC is not obligated to fund the project until the applicant submits correctly completed documents required for the contract. | |
| A. Project Director (person having day-to-day responsibility for the project) | B. Chief of Police or Sheriff (authorizing official) |
| Name: Address: Phone: Fax: Email Address: Signature: | Name: Address: Phone: Fax: Email Address: Signature: |
| Title: | Title: |
| C. Fiscal or Accounting Official | D. ABC USE ONLY |
| Name: Address: Phone: Fax: Email Address: Signature: | |
| Title: | |

EXHIBIT A
Scope of Work

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Scope of Work

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EXHIBIT A
Scope of Work

EXHIBIT B Budget Detail

| BUDGET CATEGORY AND LINE-ITEM DETAIL | COST (Round budget amounts to nearest dollar) |
|---|--|
| A. Personnel Services (list hourly rates and benefit %) | |
| A.1 Straight Time | |
| A.2 Overtime | |
| A.3 Benefits | |
| TOTAL PERSONNEL SERVICES | |
| B. Operating Expenses (maximum \$2,500) | |
| *Proof of payment will be required | |
| TOTAL OPERATING EXPENSES | |
| C. Equipment (maximum \$2,500) | |
| *Receipts will be required | |
| TOTAL EQUIPMENT | |
| D. Travel Expense/Registration Fees (maximum \$2,500) | |
| *Registration fee for July 2021 APP Conference attendee is \$325 each | |
| TOTAL TRAVEL EXPENSE | |
| TOTAL BUDGET DETAIL COST, ALL CATEGORIES | |

OTHER FUNDING SOURCES

Complete the following to report the total funds available to support the activities related to accomplishing the goals and objectives of the contract. In the "Grant Funds" column, report the ABC funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category (if none, leave blank). Then calculate the totals by category in the "Program Total" column. Total each column down to arrive at the total program funds available.

**Round all budget amounts to the nearest dollar—No Cents*

| BUDGET CATEGORY | GRANT FUNDS | OTHER FUNDS | PROGRAM TOTAL |
|--------------------------|-------------|-------------|---------------|
| Personnel Services | | | |
| Operating Expense | | | |
| Travel/Registration Fees | | | |
| Equipment | | | |
| TOTALS | | | |

*This form does not become part of the contract but is **required** in the Request for Proposal package.*

SAMPLE

RESOLUTION OF THE GOVERNING BOARD

WHEREAS, THE (applicant) desires to undertake a certain project designated as (project title) to be funded in part from funds made available through the Alcohol Policing Partnership (APP) Program administered by the Department of Alcoholic Beverage Control (hereafter referred to as ABC);

NOW, THEREFORE, BE IT RESOLVED that the (designated official by title only) of the (County or City) is authorized to execute on behalf of (Governing Board) the attached contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto.

IT IS AGREED that any liability arising out of the performance of this contract, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and ABC disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

IT IS ALSO AGREED that this award is not subject to local hiring freezes.

I hereby certify that the foregoing is a true copy of the resolution adopted by the (governing body) of (unit of local government or organization) in a meeting thereof held on (date) by the following:

Vote:

Ayes:

Nays:

Absent:

Signature: _____ Date: _____

Typed Name and Title: _____

ATTEST: Signature: _____ Date: _____

Typed Name and Title: _____