

RESOLUTION NO. 2009- 175

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE SHERIFF, OR DESIGNEE, TO SUBMIT AN APPLICATION SEEKING FUNDING ASSISTANCE THROUGH THE OFFICE OF JUSTICE/BUREAU OF JUSTICE ASSISTANCE- BULLETPROOF VEST PARTNERSHIP.**

**RECITALS**

**WHEREAS**, the Office of Justice allows local governments to make application through the Bulletproof Vest Partnership, which is an initiative of the US Department of Justice to provide a critical resource to state and local governments. The St. Johns County Sheriff's Office would like to use funding from this grant to purchase one hundred and sixty bulletproof vests over a two (2) year period of time. The number of vests requested reflects the actual agency needs and maintains our one-fifth rotation, and;

**WHEREAS**, the deadline for the County submitting the application is June 24, 2009; and

**WHEREAS**, the County has reviewed the pending Grant application; and

**WHEREAS**, after a review of the Grant application, the County has determined that nothing contained in the Grant application negatively impacts the interests of the County; and

**WHEREAS**, after a review of the Grant application and accompanying materials, the County has determined that none of the requirements, restrictions, and/or obligations associated with award of the Grant, or the Grant itself, negatively impact the interests of the County; and

**WHEREAS**, after a review of the Grant application and accompanying materials, the County has determined that an award of a Bulletproof Partnership grant to purchase bulletproof vests serves the overall interests of the County.

**NOW, THEREFORE BE IT RESOLVED, by the Board of County Commissioners of St. Johns County, Florida that:**

**Section 1.** The above Recitals are incorporated by reference into the body of this Resolution, and such Recitals are adopted as Findings of Fact.

**Section 2.** The Board of County Commissioners hereby approves and authorizes the Sheriff, or designee, to submit a completed application based on the approved guidelines for grant submittal (attached hereto, and incorporated herein), on behalf of the St. Johns County Sheriff's Office for a Office of Justice grant: Bulletproof Vest Partnership.

**Section 3.** The Board of County Commissioners hereby authorizes the Sheriff, or designee, to execute any other paperwork necessary, and/or associated with the application for the Department of the Justice Grant.

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, this 16<sup>th</sup> day of June, 2009.

**BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA**

By: Cyndi Stevenson  
Cyndi Stevenson, Chair

**ATTEST: CHERYL STRICKLAND, CLERK**  
By: Patricia DeGrande  
Deputy Clerk





Section Status > Current Status > Jurisdiction Current Status

OMB #1121-0235  
(Expires: 10/31/2006)

**1. Registration**

- 1.1 [Contact Information](#)
- 1.2 [Change Password](#)

**ST JOHNS COUNTY, FL**

This "Status" page shows any pending actions that must be completed prior to program deadlines. It also provides you with payment(s) status for tracking your requests for approved funds.

**2. Application**

- 2.1 [Pre Application](#)
- 2.2 [Manage Application](#)
- 2.3 [Review Application](#)
- 2.4 [Submit Application](#)

- Red **X**'s indicate your attention is needed in order to complete a task for action.

**Current Activity Status**

Application	<b>X</b> Application pending review and submission.	<a href="#">View Details</a>
Awards	<b>X</b> \$8.36 will be de-obligated. See Details below.	<a href="#">View Details</a>
Payments	Request \$7,579.00 on February 02, 2009 from Regular Fund	Invoice Created, But Payment Not Processed
Available Funds	\$311.50 available for additional requests.	<a href="#">View Details</a>

**3. Receipts**

- 3.1 [Manage Receipts](#)
- 3.2 [Receipt Reports](#)

**4. Payment**

- 4.1 [Bank Information](#)
- 4.2 [Print Bank Form](#)
- 4.3 [Request Payment](#)
- 4.4 [Payment History](#)

**Balance Summary**

Total Amount Awarded	\$25,779.70
Total Payments Made	\$17,889.20
Payments on Hold	\$0.00
Total Unpaid Requests to Date	\$7,579.00
Amount Available for Additional Requests	\$311.50
Amount to be Deobligated on September 30, 2009 -- Regular Fund	\$0.00
Amount to be Deobligated on September 30, 2009 -- Zylon Replacement Fund	\$8.36

**5. Status**

- 5.1 [Current Status](#)
- 5.2 [LEA Status](#)
- 5.3 [Application History](#)



BVP HELP DESK  
(Toll-Free 1-877-758-3787)  
(Toll 1-301-595-4595)

Please make sure your Jurisdiction name is correct since this is how it will appear on your banking form. If the jurisdiction name is incorrect, please contact the BVP Help Desk as shown at the bottom of the left side menu.

\*Denotes required fields.



**Jurisdiction Information**

Jurisdiction Name	ST JOHNS COUNTY
Government ID Number	101055055
Jurisdiction Type	County/Parish
<u>9 Digit DUNS ( DUNS FAQs)</u>	787474113
DUNS 4	(none)
* Address Line 1	<input type="text" value="500 San Sebastian View"/>
Address Line 2	<input type="text"/>
* City	<input type="text" value="ST AUGUSTINE"/>
State	FL
* Zip Code	<input type="text" value="32084"/> - <input type="text" value="8686"/> <a href="#">Need Help with Zip+4?</a>
County	<input type="text" value="ST JOHNS"/>
Congressional District 03, 04, 05, etc	<input type="text" value="FL04"/>
<u>Population</u>	142869
Home Page <a href="http://www.yourwebaddress.com">http://www.yourwebaddress.com</a>	<input type="text" value="www.sjso.org"/>
* Full Time Officers	367
* Part Time Officers	71

The Primary Point of Contact (POC) will act on behalf of the jurisdiction's Chief Executive Officer to complete an application and certify its accuracy and adherence to stated program guidelines and requirements. The POC is the primary recipient of official electronic correspondence about the application status, approval, and payments. A valid Email address is required.

\*Denotes required fields.

Jurisdiction / 
 Primary POC / 
 Chief Executive / 
 Financial POC / 
 **POC Information**

* First Name	<input type="text" value="Linda"/>
* Last Name	<input type="text" value="Morrow"/>
* Address	<input type="text" value="4015 Lewis Speedway"/>
Address 2	<input type="text"/>
* City	<input type="text" value="St Augustine"/>
* State	<input type="text" value="Florida"/>
* Zip Code	<input type="text" value="32084"/> - <input type="text" value="0578"/> <a href="#">Need Help with Zip+4?</a>
* Phone Number	<input type="text" value="(904) 810-3626"/>
Fax Number	<input type="text"/>
* Email <small>you@youremail.com</small>	<input type="text" value="lmorrow@sjsso.org"/>

List in Yellow Pages

Do you wish to have your Jurisdiction listed in the BVP program Yellow Pages? If you select 'Yes', your contact information will be available to other Jurisdictions and Law Enforcement Agencies through the Yellow Pages. If you answer 'No', others will not have access to the above information, making contact between agencies more difficult. Confidential information (i.e.- Banking data) will never be displayed in the yellow pages.

List in Yellow Pages?  Yes

POC Responsibilities

Your role as the Primary Point of Contact will be critical to the success of this program. You will be required to review and approve the online application and all requests for payment. You will also be making various assurances and certifications with respect to key program guidelines and requirements. **If you feel these responsibilities exceed your authority, please STOP at this point and resume once your authority has been more clearly established.** If you are the Chief Executive, then you will also be acting as the Primary Point of Contact for your jurisdiction.

Section Registration > Contact Information > Chief Executive Information

OMB #1121-0235  
(Expires: 10/31/2006)

The Chief Executive Officer is the jurisdiction's highest ranking elected or appointed administrative official, responsible for managing its human and budgetary resources.

\*Denotes required fields.

Navigation tabs: Jurisdiction, Primary POC, Chief Executive, Financial POC

### Chief Executive Information

* First Name	<input type="text" value="Michael"/>
* Last Name	<input type="text" value="Wanchick"/>
* Phone Number	<input type="text" value="(904) 209-0530"/>
Fax Number	<input type="text" value="(904) 209-0531"/>
* Email you@youreemail.com	<input type="text" value="mwanchick@sjcfl.us"/>

Section Registration > Contact Information > Financial POC Information

OMB #1121-0235  
(Expires: 10/31/2006)

In addition to the Primary Point of Contact, the Financial Point of Contact will be notified regarding issues related to the bank account information, payment requests, and funding disbursements.

Navigation tabs: Jurisdiction, Primary POC, Chief Executive, Financial POC

**Financial POC Information**

First Name	<input type="text" value="Raye"/>
Last Name	<input type="text" value="Tanner"/>
Phone Number	<input type="text" value="(904) 810-6621"/>
Fax Number	<input type="text"/>
Email you@youremail.com	<input type="text" value="rtanner@sjsso.org"/>

**Save and Continue**

Section Application > Pre Application > Pre Application Information

OMB #1121-0235  
(Expires: 10/31/2006)

Please enter the vest profile information for your jurisdiction.

**The Pre-Application Vest Profile will be used by the system to tailor the application process to best meet your needs, in keeping with new funding guidelines. This profile is very important, so please take the time to read and understand its terms and questions. Information you supply is subject to independent confirmation and verification by the U.S. Department of Justice.**

### Pre-Application Vest Profile

**Jurisdiction's Vest Replacement Cycle:**

Under normal conditions, this represents the number of years you allow an officer to wear body armor before it is replaced. Choices include 5 (or more) years, 4 years, and 3 (or less) years. 5 Years

**Unspent BVP Funds Remaining:**

Unspent funds refers to the total amount of your prior BVP awards that still remain in your account; these funds are immediately available to support qualifying vest purchases. \$303.14

**Unspent BVP Funds Obligated for Vest Purchases:**

Obligated generally refers to those unspent BVP funds you have earmarked for immediate vest purchases, committed to support approved purchase orders, incoming invoices, or anticipated to be spent on vest purchases within the next 90 days. \$ 0

**Emergency Replacement Needs:**

Emergency replacement needs cover vests that are potentially defective, vests that have been lost, stolen, or damaged, and vests needed as a result of unanticipated officer turnover occurring within the last 3 to 6 months. It DOES NOT include tactical vests or routine agency needs for new or replacement vests unless those vests contain Zylon® and must be replaced immediately.

- Zylon® Replacements
- Stolen or Damaged
- Officer Turnover

**Total Emergency Vests Needed:** 0

**Save and Continue**





Section Application > Review Application > Review BVP Application for Funding

OMB #1121-0235  
(Expires: 10/31/2006)

**1. Registration**

- 1.1 [Contact Information](#)
- 1.2 [Change Password](#)

Below is the current status of your application. To add more vests to your application or to make modifications to your application, use either the 'Update Details' link in the 'Application Status' column or step 'Manage Application' in the left hand menu bar.

**2. Application**

- 2.1 [Pre Application](#)
- 2.2 [Manage Application](#)
- 2.3 [Review Application](#)
- 2.4 [Submit Application](#)

Jurisdiction: ST JOHNS COUNTY  
 Jurisdiction's Vest Replacement Cycle: 5 Years  
Unspent BVP Funds Remaining \$303.14  
Unspent BVP Funds Obligated for Vest Purchases: \$0.00  
Emergency Replacement Needs: 0

**3. Receipts**

- 3.1 [Manage Receipts](#)
- 3.2 [Receipt Reports](#)

**Review BVP Application for Funding**

Applicant	Quantity	Total Cost	Date Submitted	Application Status
ST JOHNS COUNTY	160	\$93,280.00	Not Submitted	Not Yet Submitted <a href="#">Update Details</a>
<b>Grand Totals:</b>	160	\$93,280.00		

**4. Payment**

- 4.1 [Bank Information](#)
- 4.2 [Print Bank Form](#)
- 4.3 [Request Payment](#)
- 4.4 [Payment History](#)

[Proceed to Submit Application](#)

**5. Status**

- 5.1 [Current Status](#)
- 5.2 [LEA Status](#)
- 5.3 [Application History](#)



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Section Application > Submit Application > Submit Application for Funding for BVP Approval

OMB #1121-0235  
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**PLEASE NOTE:** Applications for funding may be submitted for the purchase of any armor that meets the established NIJ ballistic or stab standards ordered **on or after April 1, 2009**. Once the open application period closes, funding levels will be established and all applicants will be notified.

Jurisdiction:	ST JOHNS COUNTY	
Status(Last Submission Date):	Open Application (Not Submitted)	
Jurisdiction's Vest Replacement Cycle:	5 Years	<a href="#">Update Pre Application</a>
Unspent BVP Funds Remaining	\$303.14	
Unspent BVP Funds Obligated for Vest Purchases:	\$0.00	
Emergency Replacement Needs:	0	

**Submit Application for Funding for BVP Approval**

Application for Funding				
Name	Quantity	Extended Cost	Tax, S&H*	Total Cost
ST JOHNS COUNTY	160	\$93,280.00	\$0.00	\$93,280.00
Grand Totals	160	\$93,280.00	\$0.00	\$93,280.00
<b>Requested BVP Portion of Total Cost, up to:</b>				<b>\$46,640.00</b>

\* Total Taxes, Shipping and Handling Cost for each Application

Customer Satisfaction Survey

Please indicate your customer satisfaction regarding how easy this form was to understand and use:

Select Difficulty Level

Please indicate your customer experience using the Internet to conduct business:

Select Experience Level

CERTIFICATION

Chief Executive Certification:

As chief executive officer (or authorized designee) of this jurisdiction, my submission of this Application for Funding Form under the Bulletproof Vest Partnership Grant Act, represents my legally binding acceptance of the terms set forth on this form; and the program's statutory and programmatic requirements, restrictions, and conditions,

*see next page* →



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**CERTIFICATION****Chief Executive Certification:**

As chief executive officer (or authorized designee) of this jurisdiction, my submission of this Application for Funding Form under the Bulletproof Vest Partnership Grant Act, represents my legally binding acceptance of the terms set forth on this form; and the program's statutory and programmatic requirements, restrictions, and conditions, including the following:

In the case of any equipment or products that may be authorized to be purchased with financial assistance provided, using funds appropriated or otherwise made available by this Act, it is the sense of the Congress that entities receiving the assistance should, in expending the assistance, purchase only American - made equipment and products.

The recipient acknowledges that this grant is for Federal preparedness assistance. Therefore, the recipient agrees that it will implement and comply with the National Incident Management System (NIMS) as required by Homeland Security Presidential Directive 5 (HSPD-5). <http://www.fema.gov/nims>. The recipient acknowledges that the Secretary of Homeland Security will develop standards and guidelines for determining whether a State or local entity has adopted the NIMS. Finally, the recipient further acknowledges that the Secretary of Homeland Security will determine compliance with the NIMS and the recipient agrees to abide by the Secretary's decision on compliance.

The applicant will give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers or documents related to this application and any subsequent payments received as a result of this application.

I acknowledge and accept the Chief Executive Certification.

**Funding Limits Certification:**

If the submission of this application for funding is in conjunction with transactions for the purchase of vests, I understand and agree to abide by the following:

I understand that all funding awards will be subject to the availability of funds and I acknowledge that there is no guaranteed level of funding associated with the submission of this application to the BVP program.

I agree to meet my financial and contractual obligations associated with any purchase transactions, regardless of the amount of funding received through this application.

I acknowledge and accept the Funding Limits Certification.

I certify to the best of my knowledge and belief, all information in this application is true and correct.

**Signature:**

As the jurisdiction's chief executive officer (or designee), authorized to submit this application, I hereby enter my full name in the space provided below: