



SHERIFF'S OFFICE  
**COUNTY OF HUMBOLDT**

826 FOURTH STREET  
EUREKA, CALIFORNIA 95501-0516 PHONE (707) 445-7251

For the meeting of: **July 8, 2008**

Date: **June 23, 2008**  
To: **BOARD OF SUPERVISORS**  
From: **GARY PHILP, SHERIFF**  
Subject: **ACCEPTANCE OF AMENDED LETTER OF AGREEMENT NUMBER 2008-23 BETWEEN THE COUNTY OF HUMBOLDT AND THE DRUG ENFORCEMENT ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF JUSTICE**

**RECOMMENDATION(S):**

That the Board of Supervisors

1. Accept Amended Letter of Agreement, Number 2008-23 between the County of Humboldt and the Drug Enforcement Administration and authorize the Chair to sign the Request for Advance or Reimbursement; and
2. Authorize the Sheriff to sign agreement number 2008-23; and
3. Approve attached supplemental budget for FY 2008-2009 in budget unit 1100228; and
4. Instruct the Clerk of the Board to return the signed original documents to the Sheriff's Office (Attention: Linda Modell) for further processing.

**SOURCE OF FUNDING:** Drug Enforcement Administration

**DISCUSSION:**

On March 11, 2008, the Board approved Letter of Agreement 2008-23 between the County and the Drug Enforcement Administration to reimburse Deputy overtime while engaged in activities leading to controlled substance eradication. This amendment will add \$20,000 to the original grant of \$175,000. The total allocation for Letter of Agreement 2008-23 will now be \$195,000. All other provisions of the agreement remain the same.

**FINANCIAL IMPACT:**

There will be no impact on the County's General Fund. This amendment provides an additional \$20,000 targeted at marijuana eradication and controlled substance investigation and arrest.

GP:LM:kmw  
Agendeasup

Prepared by

*[Signature]*

CAO Approval

*[Signature]*

REVIEW				
Auditor	<i>[Signature]</i>	County Counsel	Personnel	Risk Manager
				Other

TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor

Seconded by Supervisor

And unanimously carried by those members present,

The Board hereby adopts the recommended action contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. D-17

Meeting of: 3/11/2008

Dated: July 8, 2008  
Kathy Hayes, Clerk of the Board

**OTHER AGENCY INVOLVEMENT:**

Drug Enforcement Administration

**ATTACHMENTS:**

1. Drug Enforcement Administration Amended Agreement Number: 2008-23
2. Request for Advance or Reimbursement
3. Supplemental budget

### SUPPLEMENTAL BUDGET

Revenue			
1100 (228) 572 000	Federal Aid - DEA		\$20,000
Expenditures			
1100 228-1-460	Overtime		\$10,000
1100 228-2-123	Special Department Expense		\$ 5,000
1100 228-2-225	Transportation-Out of County		\$ 5,000



U. S. Department of Justice  
Drug Enforcement Administration

AMENDED LETTER OF AGREEMENT

INCREASE OF FUNDS

AGREEMENT NUMBER: 2008-23

AMENDMENT NUMBER: 01

THIS AMENDMENT, dated June 10, 2008, to Letter of Agreement (LOA) Number 2008-23 between the Drug Enforcement Administration, hereinafter referred to as the DEA and the **HUMBOLDT COUNTY SHERIFF'S OFFICE** hereinafter referred to as **HUMBOLDT COUNTY** is for the purpose of INCREASING the amount of funds provided by the DEA to the above state/county agency.

Upon application and for good cause having been shown, the DEA agrees to amend the LOA with **HUMBOLDT COUNTY** to increase funds in the amount of \$20,000.00 in addition to the \$175,000.00 originally agreed to in paragraph 2 of the LOA to defray costs relating to the eradication and suppression of marijuana. Total allocation for LOA Number 2008-23 is now \$195,000.00.

All other provisions of the LOA remain the same.

THE HUMBOLDT COUNTY SHERIFF'S OFFICE

By: \_\_\_\_\_

Date \_\_\_\_\_

Title: GARY PHILP, SHERIFF

DRUG ENFORCEMENT ADMINISTRATION

By: \_\_\_\_\_

Date \_\_\_\_\_

Special Agent in Charge  
San Francisco Field Division

**DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO FFS**

ACCOUNTING CLASSIFICATION/OBLIGATION NO.; SDCE-R1-H ACCOUNT:

08A- \_\_\_\_\_

FFS INPUT DATE: \_\_\_\_\_, BY: \_\_\_\_\_

**TO BE FILLED OUT BY HEADQUARTERS:**

**APPROVAL FOR PAYMENT**

This is to verify that all of the administrative determinations have been made, that the payment is legal, proper, correct and approved for payment.

Amount:	<u>\$20,000.00</u>
Obligation Doc No.	<u>See Above</u>
Line No.	_____
Signature	_____
Printed Name /Title	<u>Philip A. Jessar – Chief, Investigative Support Section</u>
Date Approved	_____

# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. <b>0348-004</b>		PAGE 1 OF 2 PAGES
1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
	b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DRUG ENFORCEMENT ADMINISTRATION		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 2008-23		

6. EMPLOYER IDENTIFICATION NUMBER 94-6000-513	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER N/A	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) JANUARY 1, 2008 TO (month, day, year) DECEMBER 31, 2008	
9. RECIPIENT ORGANIZATION Name:  Number and Street:  City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than Item 9) Name: HUMBOLDT COUNTY SHERIFF'S OFFICE  Number and Street: 826 Fourth Street  City, State and ZIP Code: Eureka, California 95501	

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a) Original LOA	(b) Amendment No. 1	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 175,000.00	\$ 20,000.00	\$	\$ 195,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	175,000.00	20,000.00	0.00	195,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	175,000.00	20,000.00	0.00	195,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	175,000.00	20,000.00		195,000.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	175,000.00	20,000.00	0.00	195,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	175,000.00	20,000.00	195,000.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY		\$
a. Estimated Federal cash outlays that will be made during period covered by the advance		
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period		\$ 0.00
c. Amount requested (Line a minus line b)		

13. **CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE JILL GEIST CHAIR, BOARD OF SUPERVISORS	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (707) 476-2395

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u>   | <u>Entry</u>   | <u>Item</u> | <u>Entry</u>  |
|---|--|-------------|---|
| 2   | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.  |             | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.  |
| 4   | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a         | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6   | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.   | 11b         | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.  |
| 7   | This space is reserved for an account number or other identifying number that may be assigned by the recipient.  | 11d         | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.  |
| 8   | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.  | 13          | Complete the certification before submitting this request.  |
| <p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p> |  |             |   |
| 11  | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or   |             |   |