

RESOLUTION NO. 82-43

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF RIDGECREST, CALIFORNIA, AUTHORIZING SUBMISSION OF GRANT APPLICATION AND GRANT AWARD TO OFFICE OF CRIMINAL JUSTICE PLANNING FOR FUNDING OF YOUTH SERVICES RESOURCE TEAM PROJECT

WHEREAS, the City Council of the City of Ridgecrest, desires to undertake a certain project designated Youth Services Resource Team, to be funded in part from funds made available through the Juvenile Justice and Delinquency Prevention Act of 1974, Public Law 93-415, administered by the Office of Criminal Justice Planning (hereafter referred to as OCJP).

NOW, THEREFORE, BE IT RESOLVED that Chief of Police, Robert G. Norman, of the City of Ridgecrest, is authorized on its behalf to submit the attached Grant Application to OCJP and is authorized to execute on behalf of the City the attached Grant Award.

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

APPROVED AND ADOPTED this 15th day of September, 1982 by the following vote:

AYES: Mayor Cheshire, Vice-Mayor Webb,
Councilmembers Bergens, Rieger and Padgett

NOES: None

ABSENT: None

ABSTAIN: None

ATTEST



RON CHESHIRE, Mayor



JACQUELINE C. REED, City Clerk

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION		a. NUMBER		3. STA APPLIC. TION IDENTIFIER		a. NUMBER	
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <small>(Mark appropriate box)</small> <input type="checkbox"/> NOTIFICATION OF INTENT (Opt) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19						b. DATE ASSIGNED Year month day 19	
		Leave Blank							
4. LEGAL APPLICANT/RECIPIENT						5. FEDERAL EMPLOYER IDENTIFICATION NO.			
a. Applicant Name : City of Ridgecrest b. Organization Unit : Ridgecrest Police Department c. Street/P.O. Box : 128 E. Coso Avenue d. City : Ridgecrest e. County : Kern f. State : California g. ZIP Code: 93555-3699 h. Contact Person (Name & telephone No.) : Robert C. Norman (714)375-5044						6. PROGRAM <small>(From Federal Catalog)</small> a. NUMBER b. TITLE			
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT						8. TYPE OF APPLICANT/RECIPIENT			
Youth Services Resource Team						A-State B-Interstate C-Substate District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Enter appropriate letter E			
9. TYPE OF ASSISTANCE						12. TYPE OF APPLICATION			
A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) A						A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter A			
10. AREA OF PROJECT IMPACT <small>(Names of cities, counties, States, etc.)</small>				11. ESTIMATED NUMBER OF PERSONS BENEFITING		15. TYPE OF CHANGE <small>(For 12a or 12b)</small>			
Ridgecrest, California						A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other: (Specify): Enter appropriate letter(s)			
13. PROPOSED FUNDING		14. CONGRESSIONAL DISTRICTS OF:							
a. FEDERAL	\$ 45,375 .00	a. APPLICANT	b. PROJECT						
b. APPLICANT	-0- .00	16. PROJECT START DATE Year month day 1-01 19 83		17. PROJECT DURATION Months 12					
c. STATE	-0- .00	18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY		Year month day		19. EXISTING FEDERAL IDENTIFICATION NUMBER			
d. LOCAL	-0- .00								
e. OTHER	-0- .00								
f. TOTAL	\$ 45,375 .00								
20. FEDERAL AGENCY TO RECEIVE REQUEST <small>(Name, City, State, ZIP code)</small>						21. REMARKS ADDED			
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
22. THE APPLICANT CERTIFIES THAT		a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: (1) <input type="checkbox"/> <input type="checkbox"/> (2) <input type="checkbox"/> <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/>		No response attached <input type="checkbox"/> Responses attached <input type="checkbox"/>			
23. CERTIFYING REPRESENTATIVE		a. TYPED NAME AND TITLE		b. SIGNATURE		c. DATE SIGNED			
		Robert G. Norman Chief of Police				Year month day 19			
24. AGENCY NAME						25. APPLICATION RECEIVED			
City of Ridgecrest						Year month day 19			
26. ORGANIZATIONAL UNIT				27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION			
Police Department									
29. ADDRESS						30. FEDERAL GRANT IDENTIFICATION			
128 E. Coso Avenue, Ridgecrest, Ca. 93555-3699									
31. ACTION TAKEN		32. FUNDING		33. ACTION DATE		34. STARTING DATE		35. CONTACT FOR ADDITIONAL INFORMATION	
<input type="checkbox"/> a. AWARDED		a. FEDERAL	\$.00	Year month day 19		Year month day 19 83 01 01		Name and telephone number John R. Skaggs Administrative Lt. (714) 375-5044	
<input type="checkbox"/> b. REJECTED		b. APPLICANT	.00			Year month day			
<input type="checkbox"/> c. RETURNED FOR AMENDMENT		c. STATE	.00			Year month day			
<input type="checkbox"/> d. DEFERRED		d. LOCAL	.00			Year month day			
<input type="checkbox"/> e. WITHDRAWN		e. OTHER	.00			Year month day			
		f. TOTAL	\$.00			Year month day		37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. FEDERAL AGENCY A-95 ACTION						36. ENDING DATE			
a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.						Year month day 19 83 01 01			
						b. FEDERAL AGENCY A-95 OFFICIAL <small>(Name and telephone no.)</small>			

SECTION I—APPLICANT/RECIPIENT DATA

SECTION II—CERTIFICATION

SECTION III—FEDERAL AGENCY ACTION

OFFICE OF CRIMINAL JUSTICE PLANNING

GRANT AWARD

The Office of Criminal Justice Planning, hereinafter designated "OCJP", hereby makes a grant award of funds to 1. The City of Ridgecrest hereinafter designated "Subgrantee", under the provisions of (check one) Title I, Part _____, Omnibus Crime Control and Safe Streets Act of 1968 (PL 90-351), as amended, hereinafter designated "Crime Control Act" (or) Juvenile Justice and Delinquency Prevention Act of 1974 (PL 93-415), hereinafter designated "Juvenile Justice Act", in the amount and for the purpose and duration set forth in this grant award.

Program Category _____

2. Project Title Youth Services Resource Team	Award No. 5.
	Grant Period 6.
3. Project Director (Name, Address, Telephone) Robert G. Norman 128 E. Coso Avenue, Ridgecrest, Ca. 93555-3699 (714) 375-5044	Federal Amount 7. \$45,375
	State Buy-In 8. -0-
	Applicant Hard Match 9. -0-
4. Financial Officer (Name, Address, Telephone) Roger Ward 139 Balsam Street, Ridgecrest, Ca. 93555-3699 (714) 375-1321	Other Match (JJ only) 10.
	Total Project Cost 11. \$45,375

This grant award consists of this title page, the application for the grant which is attached hereto as Attachment A and made a part hereof, and the Standard Grant Award Conditions which are attached hereto as Attachment B and made a part hereof.

The Subgrantee hereby signifies its acceptance of this grant award and agrees to administer the grant project in accordance with the terms and conditions set forth in or incorporated by reference in this grant award and the applicable provisions of the Crime Control Act identified above.

The Subgrantee certifies that federal and state funds received will not be used to replace local funds that would, in the absence of such federal and state aid, be made available for the activity being supported under this agreement.

12. _____ Date _____
 Official Authorized to sign for Subgrantee
 Name: Robert G. Norman
 Title: Chief of Police
 Telephone: (714)375-5044
 Address: 128 E. Coso Avenue, Ridgecrest, Ca
 93555-3699
 SPECIAL DEPOSIT FUND LEAA, Fiscal Year _____

OFFICE OF CRIMINAL JUSTICE PLANNING,
 STATE OF CALIFORNIA

 Executive Director, OCJP Date

GENERAL FUND

ITEM _____

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of this expenditure stated above.

REGION: _____

PROJECT #: _____

13. CERTIFICATION
OF
FORMULATION AND AVAILABILITY
OF
EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

I, Robert G. Norman (Project Director or other authorized official) certify that the City of Ridgecrest, Police Department (criminal justice agency) has formulated an equal employment opportunity program in accordance with 28 CFR 42.301, et seq., subpart E, and that it is on file in the office of City Clerk (name), Jackie Reed (address), 139 N Balsam/City Clerk (title), for review or audit by officials of the cognizant state planning agency or the Law Enforcement Assistance Administration, as required by relevant laws and regulations.

(Signed)

Chief of Police

(Title)

(Date)

