



MARK TRACY
SHERIFF -CORONER

County of Santa Cruz

0095

SHERIFF - CORONER

701 OCEAN STREET, SUITE 340, SANTA CRUZ, CA 95060

(831) 454-2985 FAX: (831) 454-2353

September 16, 1999

Agenda: September 28, 1999

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

CANNABIS ERADICATION PROGRAM GRANT AMENDMENT

Dear Members of the Board:

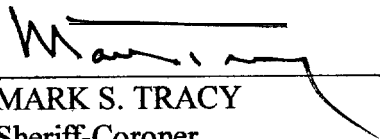
During FY 1999/2000 budget hearings your Board approved the Sheriff's Office request to receive \$24,500 of Cannabis Eradication Program grant monies from the Department of Justice to fund overtime expenditures accrued during marijuana investigations. The Sheriff's Office was recently notified by the Department of Justice that an additional \$12,500 has been awarded to pay for overtime costs related to marijuana investigations associated with the grant. This brings the total grant award to \$37,000.

A number of factors are expected to lead to increased overtime in this program. These include an increase in investigating indoor marijuana cultivation cases which are very time extensive and additional time spent hiking over difficult terrain to outdoor marijuana gardens as a result of reduced helicopter flight time.

Therefore it is recommended that your Board:


1. Adopt a resolution accepting and appropriating unanticipated revenue in the amount of \$12,500 from the Department of Justice for overtime expenditures involved in marijuana investigations.
2. Authorize the Sheriff/Coroner to sign the attached Cannabis Eradication Program grant amendment increasing the grant award by \$12,500 in FY 1999/2000.

Very truly yours,



MARK S. TRACY
Sheriff-Coroner

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

COUNTY ADMINISTRATIVE OFFICER

/ 3J / Recommended to Board

/ / Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____, 19____ by the following vote (requires four-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Henry A. Oberhelman Jr.
County Counsel 12/16/97

APPROVED AS TO ACCOUNTING DETAIL:

Ronald J. Silva 9/16/97
Auditor-Controller

Distribution:

Auditor-Controller
County Counsel
County Administrative Officer
Originating Department

AUD60 (REV 12/97)



U. S. Department of Justice
Drug Enforcement Administration
San Francisco Field Division
450 Golden Gate Avenue
P.O. Box 36035
San Francisco, CA 94116

0098

AUG 24 1999

Sheriff Mark Tracy
Santa Cruz County Sheriffs Department
701 Ocean Street, Room 340
Santa Cruz, CA 95060-4074

Dear Sheriff Tracy:

Please find attached the 1999 Domestic Cannabis Eradication/Suppression Program (DCE/SP) Amended Letter of Agreement. The LOA is for your review and signature. After reviewing and signing the Amended LOA, it is requested you return the LOA to the San Francisco Field Division office, c/o S/A Dean Arnold.

If there are any questions, please call G/S Scott Wygant or S/A Dean Arnold at (415) 436-7767.

We look forward to your continued participation in DCE/SP.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Bruce", is written over a horizontal line.

Gilbert S. Bruce
Special Agent In Charge



U. S. Department of Justice

Drug Enforcement Administration

0099

AMENDMENT TO THE LETTER OF AGREEMENT

AGREEMENT NUMBER 99-25

AMENDMENT NUMBER 1

THIS AMENDMENT, dated August 12, 1999, to Letter of Agreement Number 99-25 between the Drug Enforcement Administration and the California Santa Cruz County Sheriffs Office is for the purpose of INCREASING the amount of funds provided by the Drug Enforcement Administration to the above state/county agency.

Upon application and for good cause having been shown, the Drug Enforcement Administration agrees to provide the California Santa Cruz County Sheriffs Office with funds in the amount of Twelve Thousand Five Hundred (\$12,500) dollars in addition to the Twenty-four Thousand Five Hundred (\$24,500) dollars originally agreed to in paragraph 2 of the Letter of Agreement to defray costs relating to the eradication and suppression of marijuana. Total allocation for Letter of Agreement Number 99-25 is now Thirty-seven Thousand (\$37,000) dollars.

All other provisions of the Letter of Agreement remain the same.

California Santa Cruz County Sheriffs Office

BY _____

TITLE _____

Drug Enforcement Administration


SPECIAL AGENT IN CHARGE

DEA ACCOUNTING DATA: _____
FFS INPUT ON _____ BY _____

TO BE FILLED OUT BY HEADQUARTERS:

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 Approved for payment _____
Accounting Classification _____

Date of Approval _____
Signature _____
Printed Name _____
Title/Office _____

<h1 style="text-align: center;">REQUEST FOR ADVANCE OR REIMBURSEMENT</h1> <p style="text-align: center;">(See instructions <i>on back</i>)</p>		OMB APPROVAL NO.		PAGE 1 OF 1	
		0348-004		PAGES	
I. TYPE OF PAYMENT REQUESTED		a. "X" one or both boxes		2. BASIS OF REQUEST	
		<input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT		<input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST	
DRUG ENFORCEMENT ADMINISTRATION		99-25			
6. EMPLOYER IDENTIFICATION NUMBER		7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		8. PERIOD COVERED BY THIS REQUEST	
94-6000534		N / A		FROM (month, day, year) JANUARY 1, 1999	
				TO (month, day, year) DECEMBER 31, 1999	
9. RECIPIENT ORGANIZATION		10. PAYEE (Where check is to be sent if different than Item 9)			
Name: Number and Street: City, State and ZIP Code:		Name: CALIFORNIA SANTA CRUZ COUNTY SHERIFF'S OFFICE Number and Street: C/O DEA 1860 HOWE AVENUE, SUITE 250 SACRAMENTO, CA 95825 City, State and ZIP Code:			

REQUEST FOR ADVANCE OR REIMBURSEMENT

DMB APPROVAL NO.

PAGE 1 OF 1 PAGES

I.
TYPE OF
PAYMENT
REQUESTED

2 BASIS OF REQUEST

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT
TO WHICH THIS REPORT IS SUBMITTED

DRUG ENFORCEMENT ADMINISTRATION

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

FROM (month, day, year)

94-6000534

JANUARY 1, 1999

DECEMBER 31, 1999

9. RECIPIENT ORGANIZATION

Name: _____

Number
and Street:

Number C/O DEA
and Street: 1860 HOWE AVENUE, SUITE 250
SACRAMENTO, CA 95825

City, State
and ZIP Code:[illegible]

12. **ALTERNATE COMPUTATION FOR ADVANCES ONLY**

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b)

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

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 0101
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER AND EXTENSION)

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:

Item	Entry
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- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 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.
- 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.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 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.

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.

- 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

Item	Entry
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- 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.
- 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.
- 11 b 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.
- 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.
- 13 Complete the certification before submitting this request.