



County of Santa Cruz

0101

SHERIFF - CORONER

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

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

MARK TRACY
SHERIFF - CORONER

August 13, 2001

Agenda: August 28, 2001

Board of Supervisors
County of Santa Cruz
701 Ocean Street, Room 510
Santa Cruz, CA 95060

ANNUAL FEDERAL, ASSET FORFEITURE CERTIFICATION REPORT

Dear Members of the Board:

On August 21, 1996, your Board authorized the Sheriff's Office to enter into an ongoing agreement with the U.S. Department of Justice for the distribution, maintenance and use of seized and forfeited drug assets. This agreement requires the Sheriff to file an annual fiscal report to document the amount of Federal forfeiture (equitable sharing funds) received and expended in each fiscal year. Our report for FY 00/01 is now due to the Department of Justice.

The Sheriff's Office continues to work closely with Federal law enforcement agencies to investigate and prosecute Federal drug enforcement cases. With your Board's approval, we continue to budget Federal drug forfeitures to finance a number of enhancements for our law enforcement operations.

In FY 00/01 your Board approved the expenditure of \$94,973. in Federal forfeiture funds. These appropriations included expenditures for our DARE Deputy \$60,000; Bomb Robot \$27,990 and equipment for our Search and Rescue van \$6,983.00. These items were accrued in our 00/01 revenue and have been transferred. These items will be reflected in our 01/02 Federal Annual Certificate Report.

The Auditor Controller's Office will not have annual law enforcement budget or non-law enforcement budget final totals (FY 2001 -2002) available until approximately the third week of September. These figures are required on the Federal Annual Certification Report (line item m and n). We have been in contact with the Federal Government and have agreed to amend this report when these figures come available.

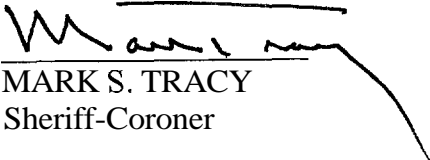
All of these expenditures have contributed to our ability to meet our law enforcement needs and serve the community. I appreciate your Board's ongoing support of our efforts.


It is therefore RECOMMENDED that your Board:

1. ACCEPT the Sheriffs Office Federal Annual Financial Certification Report for equitable sharing funds for the period of 7/1/00 - 6/30/01;
2. AUTHORIZE the Sheriff-Coroner and County Administrative Officer to sign and submit the Federal Annual Fiscal Equitable Sharing Certificate Report and Federal Equitable **Sharing** Agreement to the US Department of Justice.

Sincerely,

Recommended:


MARK S. TRACY
Sheriff-Coroner


SUSAN A. MAURIELLO
County Administrator



Federal Annual Certification Report



This Annual Certification Report must be submitted within **60 days** after the close of your fiscal year to both agencies:

U.S. Department of Justice/ACA Program
Asset Forfeiture and Money Laundering Section
POB27768
Washington, D.C. 20038
E-mail address: program.aca@usdoj.gov
Fax (202) 616-1344

U.S. Department of the Treasury
Executive Office for Asset Forfeiture
740 15th Street, N.W., Suite 70C
Washington, D.C. 20220
E-mail address: treas.aca@teoaf.treas.gov
Fax (202) 622-9610

0103

Law Enforcement Agency: Santa Cruz County Sheriff



Police Department



Sheriff's Office/Department



Task Force¹



Prosecutor's Office



Other

Contact Person: Kathy Samms

E-mail Address: shf735@co.santa-cruz.ca.us

Mailing Address: 701 Ocean Street, Room 340 Santa Cruz, CA 95060

(Street)

(City)

(State)

(Zip Code)

Telephone Number: (831) 454 2992

Fax Number: (831) 454 2353

Agency Fiscal Year Ends on: 6/30/01 FY 00/01
(Month/Day/Year)

NCIC/ORI/Tracking No.: _____

Summary of Equitable Sharing Activity

| | Justice Funds | Treasury Funds |
|---|------------------------|---------------------|
| 1. Beginning Equitable Sharing Fund Balance | \$ <u>132,250.68</u> | \$ _____ |
| 2. Federal Sharing Funds Received | \$ <u>0</u> | \$ _____ |
| 3. Other Income | \$ <u>0</u> | \$ _____ |
| 4. Interest Income Accrued | \$ <u>8,232.02</u> | \$ _____ |
| 5. Total Equitable Sharing Funds (total of lines 1 - 4) | \$ <u>140,482.70</u> | \$ _____ |
| 6. Federal Sharing Funds Spent (total of lines a - l) | \$ <u>(9,133.61)</u> | \$ <u>(_____)</u> |
| 7. Equitable Sharing Fund Balance (subtract line 6 from line 5) | \$ <u>131,349.09</u> | \$ _____ |
| 8. Appraised Value of Other Assets Received | \$ <u>0</u> | \$ _____ |

Summary of Shared Monies Spent

| | | |
|--|--------------------------------|----------|
| a. Total spent on salaries for new, temporary, not to exceed 1-year employees | \$ <u>0</u> | \$ _____ |
| b. Overtime | \$ <u>0</u> | \$ _____ |
| c. Total spent on informant and "buy money" | \$ <u>0</u> | \$ _____ |
| d. Total spent on travel and training | \$ <u>0</u> | \$ _____ |
| e. Total spent on communications and computers | \$ <u>0</u> | \$ _____ |
| f. Total spent on firearms and weapons | \$ <u>0</u> | \$ _____ |
| Total spent on body armor and protective gear | \$ <u>0</u> | \$ _____ |
| h. Total spent on electronic surveillance equipment | \$ <u>0</u> | \$ _____ |
| i. Total spent on building and improvements | \$ <u>0</u> | \$ _____ |
| j. Total spent on other law enforcement expenses (attach list) | \$ <u>9,133.61</u> | \$ _____ |
| k. Total transfers to other law enforcement agencies (attach list of recipients) | \$ <u>0</u> | \$ _____ |
| l. Total permissible use transfers (attach list of recipients) | \$ <u>0</u> | \$ _____ |
| m. Total annual law enforcement budget for your jurisdiction for current fiscal year | \$ _____ | \$ _____ |
| n. Total annual budget for non-law enforcement agencies for current fiscal year | \$ _____ | \$ _____ |
| o. Total annual law enforcement budget for your jurisdiction for prior fiscal year | FY 00/01 \$ <u>34,301,140</u> | \$ _____ |
| p. Total annual budget for non-law enforcement agencies for prior fiscal year | FY 00/01 \$ <u>275,514,985</u> | \$ _____ |

Under the penalty of perjury, the undersigned hereby certify that the information in this report is an accurate accounting of funds received and spent by the law enforcement agency under the federal equitable sharing program during this reporting period.

Mark Tracy

Name (Print or Type) _____ Date _____
Law Enforcement Agency Head or Authorized Representative

Susan Mauriello

Name (Print or Type) _____ Date _____
Governing Body Head or Authorized Representative

(Signature)

Sheriff-Coroner

Title (Print or Type)

(Signature)

County Administrative Officer

Title (Print or Type)

¹ Attach list of member agencies with their addresses and indicate lead agency.

ATTACHMENT

0104

Total spent on other law enforcement expenses (J):

Search and Rescue Vehicle **\$9,133.61**



Federal Equitable Sharing Agreement

"VALID THRU SEPTEMBER 30, 2002"



0105

Law Enforcement Agency: Santa Cruz County Sheriff ☐ Check if New Participant

- ☐ Police Department ☒ Sheriff's Office/Department ☐ Task Force'
☐ Prosecutor's Office ☐ Other _____

Contact Person: Kathy Samms E-mail Address: shf735@co.santa-cruz.ca.us

Mailing Address: 701 Ocean Street, Room 340 Santa Cruz CA 95060
(Street) (City) (State) (Zip Code)

Telephone Number: () 831 454 2992 Fax Number: () 831 454 2353

Agency Fiscal Year Ends on: June 30 NCIC/ORI/Tracking No.: _____
(Month/Day)

This Federal Equitable Sharing Agreement entered into among (1) the Federal Government, (2) the above-stated law enforcement agency, and (3) the governing body sets forth the requirements for participation in the federal equitable sharing program and the restrictions upon the use of federally forfeited cash, property, proceeds, and any interest earned thereon, which are equitably-shared with participating law enforcement agencies. By their signatures, the parties agree that they will be bound by the statutes and guidelines that regulate shared assets and the following requirements for participation in the federal equitable sharing program.

- Submission.** The Federal Equitable Sharing Agreement and the Federal Annual Certification Report must be submitted to **both** the Department of Justice and the Department of the Treasury with a copy provided to the U.S. Attorney in the district in which the recipient law enforcement agency is located, in accordance with the instructions received from the respective departments or as outlined in their equitable sharing guidelines.

Asset Forfeiture and Money Laundering Section
U.S. Department of Justice/ACA Program
P.O. Box 27768
Washington, D.C. 20038
E-mail address: program.aca@usdoj.gov
Fax: (202) 616-1344

Executive Office for Asset Forfeiture
U.S. Department of the Treasury
740 15th Street, N.W., Suite 700
Washington, D.C. 20220
E-mail address: treas.aca@teoaf.treas.gov
Fax: (202) 622-9610

- Signatories.** This agreement must be signed by the head (or authorized representative) of the law enforcement agency *and* the head (or authorized representative) of the governing body. ***Receipt of the signed agreement is a prerequisite to receiving any equitably-shared cash, property, or proceeds.***
- Uses.** Any shared asset shall be used for law enforcement purposes in accordance with the statutes and guidelines that govern equitable sharing, and as specified in the equitable sharing request (either a DAG-71 or a TD F 92-22.46) submitted by the requesting agency. Any and all requests for a change in the use of cash, property, or proceeds from that specified in the equitable sharing request must be submitted in writing to the appropriate agency shown in item 1.
- Transfers.** Before the undersigned law enforcement agency transfers cash, property, or proceeds to other law enforcement agencies, it must verify first that the receiving agency has a current and valid Federal Equitable Sharing Agreement on file with both the Department of Justice and the Department of the Treasury. If there is no agreement on file, the undersigned law enforcement agency **must** obtain one from the receiving agency, and forward it to the appropriate department shown in item 1. A list of recipients, their addresses, and the amount transferred must be attached to the Federal Annual Certification Report.
- Internal Controls.** The parties agree to account separately for federal equitable sharing funds received from the Department of Justice and the Department of the Treasury. Funds from state and local forfeitures and other sources must not be commingled

¹ Attach list of member agencies with their addresses and indicate lead agency.

with federal equitable sharing funds. The recipient agency shall establish a separate revenue account or accounting code for state, local, Department of Justice, and the Department of the Treasury forfeiture funds. Interest income generated must be deposited in the appropriate federal forfeiture fund account.

The parties agree that such accounting will be subject to the standard accounting requirements and practices employed for other such public monies ~~as~~ supplemented by requirements set forth in the current edition of the Department of Justice's *Guide to Equitable Sharing of Federally Forfeited Property for State and Local Law Enforcement Agencies (Justice Guide)*, and the Department of the Treasury's *Guide to Equitable Sharing for Foreign Countries and Federal, State, and Local Law Enforcement Agencies (Treasury Guide)*. The accounting of shared funds must be submitted in the format shown on the Annual Certification Report contained in both the *Justice* and *Treasury Guides*.

The misuse or misapplication of shared resources or the supplantation of existing resources with shared assets is prohibited. Failure to comply with any provision of this agreement shall subject the recipient agency to the sanctions stipulated in the current edition of the *Justice* or *Treasury Guides*, depending on the source of the funds or property.

- 6. Federal Annual Certification Report.** The recipient agency shall submit an Annual Certification Report to the Department of Justice and the Department of the Treasury (at the addresses shown in item 1) and a copy to the U.S. Attorney in the district in which the recipient agency is located. The certification must be submitted in accordance with the instructions received from the respective departments or as outlined in the *Justice* or *Treasury Guides*. ***Receipt of the certification report is a prerequisite to receiving any equitably-shared cash, property, or proceeds.***
- 7. Audit Report.** Audits will be conducted as provided by the Single Audit Act Amendments of 1996 and OMB Circular A-133. The Department of Justice and the Department of the Treasury reserve the right to conduct periodic random audits.

During the past 3 years, has your agency been found in violation of, or entered into a settlement agreement pursuant to, any nondiscrimination law in federal or state court, or before an administrative agency?

☐ Yes ☒ No (If you answered yes, attach relevant information. See instructions.)

Are there pending in a federal or state court, or before any federal or state administrative agency, proceedings against your agency alleging discrimination?

☐ Yes ☒ No (If you answered yes, attach relevant information. See instructions.)

The undersigned certify that the recipient agency is in compliance with the nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity.

Under penalty of perjury, the undersigned officials certify that the recipient state or local law enforcement agency is in compliance with the provisions of the *Justice* and/or *Treasury Guides* and the National Code of Professional Conduct for Asset Forfeiture.

Mark Tracy

Name (Print or Type) _____ Date _____
Law Enforcement Agency Head or Authorized Representative

(Signature)

Title (Print or Type)

Susan Mauriello

Name (Print or Type) _____ Date _____
Governing Body Head or Authorized Representative

(Signature)

Title (Print or Type)