

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
Version Date: 09/21/2017 19:40:19**VOCA Award Budget Summary**

Awarded Amount: **\$37,592**  
 Required Match: **\$9,398.00**

- Your Awarded Amount and Required Match are listed at the top of the screen and in the chart below.
- The Amount Requested/Match Requested columns are the amounts requested in your grant application.
- If the Approved Budget differs from the requested amounts and you need to make adjustments to the budget, you can request a GAN after the award is accepted.
- Once you have reviewed the Approved Budget amounts, you may **SAVE** the form and go to the Award Notice.

	<b>Amount Requested</b>	<b>Match Requested</b>	<b>Approved Budget</b>	<b>Approved Match</b>
Personnel	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Contractors & Consultants	\$34,108	\$13,059	\$34,108	\$9,398
Travel	\$17,200	\$0	\$1,359	\$0
Equipment	\$1,206	\$0	\$0	\$0
Facilities, Equipment	\$0	\$0	\$0	\$0
Rental and Leases				
Supplies & Operating	\$2,125	\$600	\$2,125	\$0
Other	\$0	\$0	\$0	\$0
Indirect Costs	\$0		\$0	
Volunteer Time		\$0		\$0
<b>TOTALS</b>	<b>\$54,639</b>	<b>\$13,659</b>	<b>\$37,592</b>	<b>\$9,398</b>

Organization: Broken Arrow, City of

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**Award Notice**

AWARD NOTICE

District Attorneys Council

421 N.W. 13th, Suite 290

Oklahoma City OK 73103

(405) 264-5006 FAX (405) 264-5097

Organization:	City of Broken Arrow- Police Department	SUBGRANT NO:	2017-VOCA-BROKEN ARROW CI-075
PHONE:	(918) 451-8200 X8692	Project Name:	Broken Arrow Victim Advocate Services
FAX:	(918) 451-8242	START DATE:	10/1/2017
Federal ID Number:	73-6005109	END DATE:	9/30/2018
		DAC CONTACT:	(405) 264-5006 or VOCAhelp@dac.state.ok.us
DUNS Number:	078655495		
CFDA:	16.575		
Federal Award Number:	2016VAGX	Program Director:	Aleisha Wickersham
Grant Amount:	\$37,592.00		
Match Amount:	\$9,398.00		
Special Conditions:	Training: a) Mandatory Victim Assistance Training (VAT) online or equivalent training for newly hired victim advocates, to be obtained within 6 months of hiring, only for those advocates new to the field of victims' services who have not received any formal training or education in the field of victims' services in the past 12 months; b) Trauma-Informed domestic violence training for all attorneys working		

**Award Notice**

with domestic violence and/or sexual assault clients. Trauma-specific training will be made available through DAC and partner agencies twice annually, and should be attended at least once by all VOCA-funded attorneys during the grant period; and c) Mandatory training every three years for non-attorneys providing direct victim services, unless there is already a mandatory continuing education requirement established for that profession. Goals and Objectives: Prior to the beginning of the grant, the subrecipient will need to modify goals and objectives to be more measurable.

This grant is subject to the terms and conditions set forth in the application which was submitted to the District Attorneys Council. The award is authorized by the District Attorneys Council (DAC) . The subgrantees shall administer the project for which this subgrant is awarded in accordance with the applicable rules, regulations, and conditions as set forth in the federal guidelines; the Administrative Guide published by DAC, and the effective edition of the Department of Justice (DOJ) Office of Justice Programs, Financial and Administrative Guide for Grants. The subgrantee shall also administer the project in accordance with the Certified Assurances and Special Conditions of the award. The subgrantee shall maintain separate accounts and accounting records for the subgrant funds, and shall maintain and furnish to DAC and DOJ upon request, detailed accounting and supportive records. The subgrantee shall file such reports relating to the subgrant as are required by DAC and DOJ.

Name of Authorizing Official  
Michael Spurgeon



Date  
9/12/2017

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
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**Certification Of Equal Employment Opportunity Plan**

Subgrant Number: 2017-VOCA-BROKEN ARROW  
CI-075  
Subgrant Name: City of Broken Arrow- Police  
Department  
Address: 1101 N. 6th St.  
Project Director: Aleisha Wickersham  
Award Amount: \$37,592.00

Have you had any Findings of Discrimination with the last 5 years? Yes  No

Subgrantee is an **Educational, Medical, Non-Profit or Indian Tribe.**

**If radio button is checked, ONLY Section A will appear.**

Subgrantee is a **State/Local Government** that receives less than \$25,000 in federal funds in an individual award from any Department of Justice Federal program.

**If radio button is checked, ONLY Section A will appear.**

Subgrantee is a **State/Local Government** with less than 50 Full and Part-Time Employees.

**If radio button is checked, ONLY Section A will appear.**

Subgrantee is a **State/Local Government** with 50 or more full and part-time employees and receives between \$25,000 and \$499,999 in federal funds in an individual award from any Department of Justice Federal program.

**If radio button is checked, ONLY Section B will appear.**

Subgrantee is a **State/Local Government** with 50 or more full and part-time employees and receives \$500,000 or more from an individual award from any Department of Justice Federal program.

**If radio button is checked, ONLY Section C will appear.**

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
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**Certification Of Equal Employment Opportunity Plan**

**Important: Only the section which applies to the subgrantee agency will appear. All other sections should be left blank.**

**Section A: Declaration Claiming Complete Exemption from the EEOP Requirement**

I, Michael Spurgeon, [Authorizing Official (Chief Executive Officer)], certify that the funded entity is not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R. 42.302. I further certify that the funded entity will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

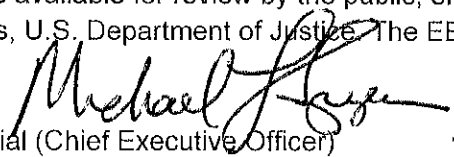
Name of Authorizing Official (Chief Executive Officer)

Date

**Section B: Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review**

I, Michael Spurgeon, [Authorizing Official (Chief Executive Officer)] certify that the funded entity which has fifty or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E. I further certify that within the last twenty-four months, the proper authority has formulated and signed into effect the EEOP, and as required by applicable federal law, it is available for review by the public, employees, the appropriate state planning agency, and the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice. The EEOP is on file in our office located at the subgrantee agency address.

Michael Spurgeon



9/12/2017

Name of Authorizing Official (Chief Executive Officer)

Date

**Section C: Declaration Stating that an EEOP Utilization Report Has Been Submitted to the Office for Civil Rights for Review**

I, Michael Spurgeon, [Authorizing Official (Chief Executive Officer)] certify that the funded entity which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E, and sent it for review to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice. Further, I assure that the EEOP will be submitted to the District Attorneys Council for submission to the Office of Civil Rights within 45 days of the date of the award.

Organization: Broken Arrow, City of

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**Certification Of Equal Employment Opportunity Plan**

Name of Authorizing Official (Chief Executive Officer)

Date

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
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**Certification of Privacy**

Subgrantee Name:

City of Broken Arrow- Police

Address:

Department

Project Director:

1101 N. 6th St.


Award Amount:

Aleisha Wickersham

\$37,592.00

The [City of Broken Arrow] has policies and procedures in place which respond to the requirements of the Privacy Act of 1974, as amended, 5 U.S.C. Section 552a, and ensures that the information collected for the purposes of complying with the conditions of grant number 2016VAGX do not contain specific references to any victim receiving services.

Michael Spurgeon  
Authorized Official

 9/27/17

9/12/2017  
Date

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Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075

Version Date: 09/21/2017 19:40:19

**Certification of Confidentiality**

Subgrantee Name:

City of Broken Arrow- Police

Address:

Department

Project Director:

1101 N. 6th St.

Award Amount:

Aleisha Wickersham

\$37,592.00

Pursuant to section 1407 of the Victims of Crime Act (42 U.S.C. Section 1604) regarding matters of confidentiality, section 1407(d) of VOCA provides that "Except as otherwise provided by Federal law, no officer or employee of the Federal Government, and no recipient of sums under this chapter, shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with this chapter. Such information, and any copy of such information, shall be immune from legal process and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in an action, suit, or other judicial, legislative, or administrative proceeding." This provision is intended, among other things, to assure the confidentiality of information provided by crime victims to crisis intervention counselors working for victims services programs receiving funds provided under this Act.

**28 CFR Part 9494.115 Non-disclosure of confidential or private information.**

(a) Confidentiality. State Administering Agencies and subrecipients of VOCA funds shall, to the extent permitted by law, reasonably protect the confidentiality and privacy of persons receiving services under this program and shall not disclose, reveal, or release, except pursuant to paragraphs (b) and (c) of this section—(1) Any personally identifying information or individual information collected in connection with VOCA funded services requested, utilized, or denied, regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected; or (2) Individual client information, without the informed, written, reasonably time-limited consent of the person about whom information is sought, except that consent for release may not be given by the abuser of a minor, incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without a parent's (or the guardian's) consent, the minor or person with a guardian may consent to release of information without additional consent from the parent or guardian. (b) Release. If release of information described in paragraph (a)(2) of this section is compelled by statutory or court mandate, SAAs or sub-recipients of VOCA funds shall make reasonable attempts to provide notice to victims affected by the disclosure of the information, and take reasonable steps necessary to protect the privacy and safety of the persons affected by the release of the information. (c) Information sharing. SAAs and sub-recipients may share— (1) Non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying demographic information in order to comply with reporting, evaluation, or data collection requirements; (2)



**Certification of Confidentiality**

Court-generated information and law-enforcement-generated information contained in secure governmental registries for protection order enforcement purposes; and (3) Law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes. (d) Personally identifying information. In no circumstances may— (1) A crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services; (2) Any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program; (e) Mandatory reporting. Nothing in this section prohibits compliance with legally mandated reporting of abuse or neglect.

Michael Spurgeon  
Authorized Official



9/12/2017  
Date

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Organization: Broken Arrow, City of

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**Certification of Compliance with Open Meeting Act**

Subgrantee Name:

City of Broken Arrow- Police

Address:

Department

Project Director:

1101 N. 6th St.

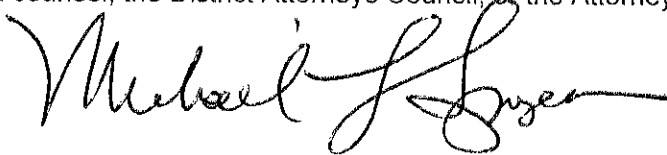
Award Amount:

Aleisha Wickersham

\$37,592.00

I, Michael Spurgeon (authorizing official) certify that the Board of Directors for (implementing agency) has read and understands the Open Meetings Act, Title 25, Okla. Statutes Sections 301-314, and agrees to the specific program receiving VOCA funds shall comply with all provisions of the act when conducting business for the program. Should the Board of Directors need technical assistance regarding the provisions of the Open Meetings Act, the authorizing official agrees to consult with the Board's legal counsel, the District Attorneys Council, or the Attorney Generals Office.

Michael Spurgeon  
Authorized Official



9/12/2017  
Date

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Note: This form does not apply to District Attorneys who receive VOCA subgrant awards since a Board of Directors does not manage those offices.

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
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**Statement of Audit Arrangements**

Subgrantee Name and Address: City of Broken Arrow- Police  
Department  
1101 N. 6th St.  
Broken Arrow, Oklahoma 74012-2041  
Telephone Number: (918) 451-8200 X8692  
Fiscal Year Ends: June 30 Other, Please Specify

2017-VOCA-BROKEN ARROW CI-075

**Does your organization receive:** Over \$750,000 in total federal funds? (If so, complete the remainder of the form.)

Name of CPA (or State Auditor): Arledge & Associates, P.C.  
Address: 309 N. Bryant Ave.  
City: Edmond State: Oklahoma Zip: 73034  
Contact person in CPA's Office: LaDonna Sinning  
Telephone: (405) 348-0615  
Anticipated date A-133 audit report will be sent to District Attorneys Council: 12/31/2017  
Provide date for financial statements: 6/30/2017

  
Michael Spurgeon  
**Name of Authorizing Official**

City Manager  
**Title**

9/12/2017  
**Date**

Organization: Broken Arrow, City of

2017-VOCA-BROKEN ARROW CI-075  
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**Certification of Project Income**

Subgrant Number: 2017-VOCA-BROKEN  
ARROW CI-075

Subgrant Name: City of Broken Arrow-  
Police Department

Address: 1101 N. 6th St.

City: Broken Arrow State: Oklahoma Zip: 74012-2041

Project Director: Aleisha Wickersham

>>>>>>>> DO NOT SAVE THIS PAGE BEFORE READING THIS SECTION <<<<<<<<<

**Project Income** - is defined as any gross income earned as a direct result of grant supported activities or earned only as a result of the grant during the grant funding period.

**Direct Result** - is defined as a specific act or set of activities that are directly attributable to grant funds and which are directly related to the goals and objectives of the project.

Based on the definitions above, select the item below that applies to this grant award and only that section will show.

Select the item that applies to this grant

**Section to Sign**

The subgrantee **will** be receiving income as a direct result of program activities.

If button is checked, **ONLY** complete Section 1.

The subgrantee **will not** be receiving income as a direct result of program activities.

If button is checked, **ONLY** complete Section 2.

**Important: Only sign those sections which apply to the subgrantee agency.  
All other sections should be left unsigned.**

Organization: Broken Arrow, City of

**Certification of Project Income**

**Section 1: Assurance Statement**

I, , (Authorizing Official) assure that the funded entity will comply with the provisions on project income as set forth in the Financial and Administrative Guide. **Selection of this section requires the submission of Certification of Project Income reports.**

*Michael J Spurgeon*  
Name of Authorizing Official

Date *9/25/17*

Project Director

Date

**Section 2: Assurance and Certification Statement**

I, Michael Spurgeon, (Authorizing Official) assure that the funded entity will not be receiving any income as a direct result of the program activity. I further certify that if the entity begins to receive income as a direct result of the program activities, I will notify the Federal Grants Division Director, in writing, within 30 days of the receipt of the income.

Michael Spurgeon  
Name of Authorizing Official *Michael Spurgeon*

9/12/2017  
Date

Aleisha Wickersham  
Project Director *Aleisha Wickersham*

9/12/2017  
Date

Organization: Broken Arrow, City of

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**Disclosure Of Lobbying Activities Form**

**Do you conduct Lobbying Activities?** No

**Subgrant Name:** City of Broken Arrow- Police Department

**Subgrant Number:** 2017-VOCA-BROKEN ARROW CI-075

1. Type of Federal Action:

2. Status of Federal Action

3. Report Type

For Material Change Only:  
Year:  
Quarter:  
Date of last report:

4. Name and Address of Reporting Entity:

Prime  
Subawardee Tier, if known:  
Congressional District, if known:

5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime:  
Congressional District, if known:

6. Federal Department /Agency:

7. Federal Program Name/Description:  
CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

10b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI)

11. Information requested through this form is authorized by Sec. 319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C.1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the

### **Disclosure Of Lobbying Activities Form**

Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review

**Disclosure Of Lobbying Activities Form****Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for



**Disclosure Of Lobbying Activities Form**

Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Accounting System Review**

1. Which best describes your accounting system?
  - Manual  Automated
  - Combination of Manual and Automated Systems
2. Does your agency receive multiple grant awards (from DAC and/or any other agencies)?
  - Yes
3. Do you maintain an individual ledger, separate from the general ledger, for each grant award?
  - Yes
4. Does your accounting system identify the receipt and expenditure of funds for each grant?
  - Yes
5. Please describe how you account for the receipt and expenditure of funds in the general ledger.
  - Through the use of project numbers.
6. Does this grant include funding for personnel?
  - No
7. Are time sheets maintained for the employees that are paid on the grant?
8. If no, describe how will the employee(s) record their time.
9. For ALL employees paid on the grant, are time sheets broken down by funding source?
10. If no, please explain why time sheets are not broken down by funding source.
11. Are financial records maintained in-house or are they contracted out to another party?
  - In House Contracted Out
  - Combination of In-House and Contracted Out
12. Provide a brief description of the controls that are in place to ensure correct and accurate accounting and reporting.

Organization: Broken Arrow, City of

**Accounting System Review**

The City of Broken Arrow has an accounting policy and procedures are consistent with the Office of Justice Program (OJP) Financial Guide and with the Office of Management and Budget (OMB) Circulars A-87, Cost principles for state, local, and Indian Governments and A-102 etc.

13. Who is the person responsible for depositing grant funds?

Finance Department Personnel

14. Where are the grant funds deposited?

State Treasurer County Treasurer  
City Treasurer  Bank Other  
If other, please specify:

15. How many signatures are required on checks?

2

16. Identify the authorized check signers along with their title?

Name Title

Tom Cook Jr. Controller

Name Title

Jay Heinrichs Financial Services Manager

17. Does your organization have written accounting policies and procedures?

Yes

Tom  
Cook

**Name of Financial Officer**

**Date:**  
Sep 15 2017 4:04PM