# SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.15 (ID # 24767) MEETING DATE:

FROM:

DISTRICT ATTORNEY:

Tuesday, April 30, 2024

SUBJECT: DISTRICT ATTORNEY: Approve and Authorize the District Attorney, or Designee, to Submit Online Grant Application and Related Documents for the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP) for the OJJDP FY24 Strengthening ICAC Technological Investigative Capacity, including Application for Federal Assistance Standard Form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Web-Based Form Regarding System of Internal Controls Questionnaire (F1-36), and Authorize the Chairman of the Board to Make Certifications of Forms SF-424 and SF-LLL on Behalf of the County, and Authorize the District Attorney, or Designee, to Complete and Make the Certifications in the Web-Based Form F1-36. All Districts. [\$0].

#### **RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve submission of the online grant application and related documents for the Office of Juvenile Justice and Delinquency Prevention OJJDP FY24 Strengthening ICAC Technological Investigative Capacity, including Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and web-based forms regarding Financial Management and System of Internal Controls Questionnaire (F1-36), and authorize the District Attorney, or designee, to electronically submit the same on behalf of the County;

Continued on Page 2

**ACTION:Policy** 

#### MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes:

Jeffries, Spiegel, Washington, Perez and Gutierrez

Navs:

None

Absent:

None

Date:

April 30, 2024

XC:

DA

Kimberly A. Rector Clerk of the Board By:

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# SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

## **RECOMMENDED MOTION:** That the Board of Supervisors:

- Authorize the Chairman of the Board to make the certifications in OMB Form Number 4040-0004 (SF-424) on behalf of the County and execute the same and authorize the Chair of the Board to sign the Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013; and
- 3. Authorize the District Attorney, or designee, to complete and make the certifications in OJP Financial Management and System of Internal Controls Questionnaire (F1-36).

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Т	otal Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0		\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0		\$ 0
SOURCE OF FUNDS	5: N/A			Budget Adju	ıstment: No
				For Fiscal Y	ear: 24/25 – 25/2

C.E.O. RECOMMENDATION: Approve.

#### BACKGROUND:

#### Summary

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) seeks to increase the technological investigative capacity and associated training of Internet Crimes Against Children (ICAC) task force personnel nationwide through the development, refinement, and advancement of widely used investigative tools, methods, and technologies that address child sexual abuse materials (CSAM), exploitation, and sex trafficking.

Approximately \$500,000 is available for one award under category 3: Investigative Tool and Technology Training, to develop and deliver new training and/or advanced skills training for the law enforcement community and prosecutorial agencies nationwide on tools, methods, and technologies that address child sexual abuse material, exploitation, and sex trafficking. The grant award performance period is 24 months, beginning October 1, 2024 and ending September 30, 2026.

Award documents will be submitted to the Board for approval once the grant funds are awarded. Upon final award, the financial data portion of this form will be completed.

County Counsel has reviewed and approved the attached Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Financial Management and System of Internal Controls web-based Questionnaire (F1-36) as to form. Prior to December 31, 2023, the Department of Justice utilized a paper format of the Financial Management and System of Internal Controls OMB Form Number 1121-0329. Effective January 01, 2024, OMB form

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Number 1121-0329 has been transitioned by DOJ into a web-based questionnaire (F1-36) but the content remains the same.

# **Impact on Residents and Businesses**

None.

## **ATTACHMENTS:**

- Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004
- Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013
- Screen Images of the instructions for the web-based Financial Management and System of Internal Controls Questionnaire (F1-36)

Steven Atkeson

4/19/2024

Ryan Yappo

4/16/2024

Aaron Gettis, Chief of Deput County Counsel 4/16/2024

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for Federal Assistance SF-424								
* 1. Type of Submission:  * 2. Type of Application:  * If Revision, select appropriate letter(s):  * New								
_								
Application								
Changed/Corrected Application Revision								
* 3. Date Received:  4. Applicant Identifier:								
5a. Federal Entity Identifier:	5b. Federal Award Identifier:							
F88DAAN239B9								
State Use Only:								
6. Date Received by State: 7. State Application Identifier:								
a. Legal Name: County of Riverside  b. Employer/Taxpayer Identification Number (EIN/TIN):  256000930  4. Address:  Street1: 3960 Orange Street								
* a. Legal Name: County	of Riverside							
* b. Employer/Taxpayer Ident	ification Number (EIN/TIN): * c. UEI:							
956000930	F88DAAN239B9							
d. Address:								
* Street1: 3960	Orange Street							
Street2:								
* City: River	Riverside							
County/Parish:								
* State: CA: C	alifornia							
Province:								
* Country: USA:	UNITED STATES							
* Zip / Postal Code: 92501	-3643							
e. Organizational Unit:								
Department Name:	Division Name:							
District Attorney's	Office Public Safety							
f. Name and contact inform	nation of person to be contacted on matters involving this application:							
Prefix: Mr.	* First Name: Liam							
Middle Name:								
* Last Name: Doyle								
Suffix:								
Title: Supervising DA Investigator								
Organizational Affiliation:								
* Telephone Number: 760-863-8168 Fax Number:								
* Email: LiamDoyle@RivCoDA.org								

Application for Federal Assistance SF-424					
* 9. Type of Applicant 1: Select Applicant Type:					
B: County Government					
Type of Applicant 2: Select Applicant Type:					
Type of Applicant 3: Select Applicant Type:					
* Other (specify):					
* 10. Name of Federal Agency:					
Office of Juvenile Justice and Delinquency Prevention(OJJDP)					
11. Catalog of Federal Domestic Assistance Number:					
CFDA Title:					
* 12. Funding Opportunity Number:					
O-OJJDP-2024-172021					
* Title:					
OJJDP FY24 Strengthening ICAC Technological Investigative Capacity					
13. Competition Identification Number:					
C-OJJDP- 2024-00011- PROD					
Title:					
Category 3: Investigative Tool and Technology Training					
14. Areas Affected by Project (Cities, Counties, States, etc.):					
Add Attachment Delete Attachment View Attachment					
* 15. Descriptive Title of Applicant's Project:					
Strengthening ICAC Technological Investigative Capacity					
Attach supporting documents as specified in agency instructions.					
Add Attachments Delete Attachments View Attachments					

Application	for Federal Assistance SF-424								
16. Congressi	onal Districts Of:								
* a. Applicant * b. Program/Project									
Attach an addit	ional list of Program/Project Congressional Dist	stricts if needed.							
		Add Attachment Delete Attachment View Attachment							
17. Proposed	Project:								
* a. Start Date:									
18. Estimated	Funding (\$):								
* a. Federal	500,000.0	00							
* b. Applicant	0.0								
* c. State	0.0								
* d. Local	0.0								
* e. Other	0.0	00							
* f. Program In	come 0.0	00							
* g. TOTAL	500,000.0	00							
* 19. Is Applic	ation Subject to Review By State Under Ex	executive Order 12372 Process?							
b. Program c. Program * 20. Is the Ap	n is subject to E.O. 12372 but has not been in is not covered by E.O. 12372.  plicant Delinquent On Any Federal Debt?  No	n selected by the State for review.  (If "Yes," provide explanation in attachment.)							
If "Yes", provi	de explanation and attach	Add Attachment Delete Attachment View Attachment							
herein are trucomply with a subject me to	ie, complete and accurate to the best of iny resulting terms if I accept an award. I a criminal, civil, or administrative penalties.  E ertifications and assurances, or an internet si	site where you may obtain this list, is contained in the announcement or agency							
Authorized Re	epresentative:	C C C C C C C C C C C C C C C C C C C							
Prefix:	* F	First Name: Chuck							
Middle Name:		First Name: Chuck							
* Last Name:	Washington								
Suffix:		A A MI							
* Title:	nair, Riverside County Board of S	Supervisors							
* Telephone Nu	imber: 951-955-1030	Fax Number:							
* Email: D3Em	ail@rivco.org	4.2							
	APPROVED COUNTY COUNSEL	* Date Signed: 4/30/2024							

4/16/

DATE AF

APR 3 0 2024 3.15

# **DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

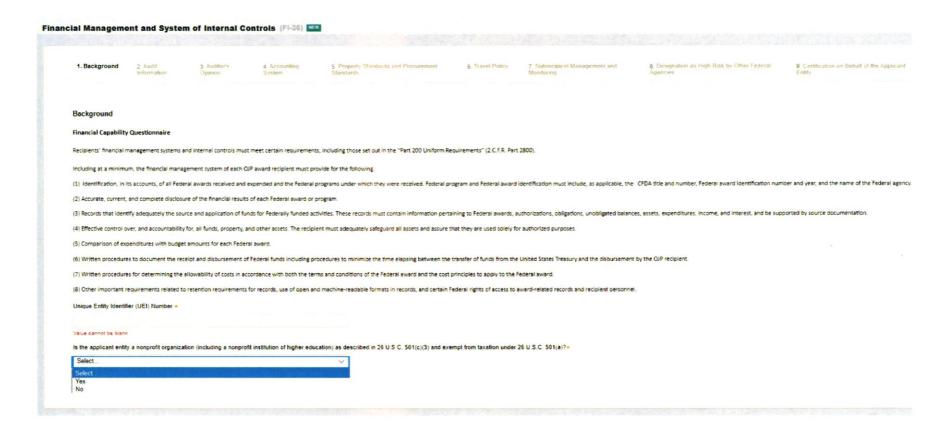
OMB Number: 4040-0013 Expiration Date: 02/28/2025

1. * Type of Federal Action:  a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. * Status of Feder  a. bid/offer/applica  b. initial award  c. post-award		3. * Report Ty  a. initial fili  b. material	ng
A. Name and Address of Reporting  Prime SubAwardee  Name County Of Riverside  Street 1 3960 Orange Street  City Riverside  Congressional District, if known:  5. If Reporting Entity in No.4 is Suba	State CA: California	and Address of Pri	me:	Zip 92501
6. * Federal Department/Agency:  DOJ/ Office of Juvenile Justice and Deling  8. Federal Action Number, if known:	uency Prevention (OJJDP)	7. * Federal Prog OJJDP FY24 Strengther CFDA Number, if applicat 9. Award Amoun \$	ing ICAC Technolog	cription: gical Investigative Capacity
10. a. Name and Address of Lobbyin  Prefix First Name NONE  * Last Name NONE  * Street 1  * City		Middle Name Suffix Suffix		Zip
b. Individual Performing Services (inc.  Prefix *First Name NONE**  *Last Name NONE**  *Street 1**  *City		. 10a)  Middle Name  Suffix  Street 2		Zip
11. Information requested through this form is authorized reliance was placed by the tier above when the transitient the Congress semi-annually and will be available for \$10,000 and not more than \$100,000 for each such.  * Signature:  *Name:  * Prefix  * First Name  * Last Name  Washington	saction was made or entered into. public inspection. Any person who failure.	This disclosure is required pur	suant to 31 U.S.C. 1352 sure shall be subject to	. This information will be reported to
Title: Chair, Riverside County Board Of Supe	rvisors Telephone No.: 9	951-955-1030		orized for Local Reproduction

FORM APPROVED COUNTY COUNSE

Beginning in FY 2024, every OJP applicant (other than an individual applying in his or her personal capacity) is required to complete the web-based OJP Financial Management and System of Internal Controls Questionnaire form in JustGrants<sup>1</sup>. Following are screen images of the JustGrants instructions and questions to familiarize users with the web-based form.

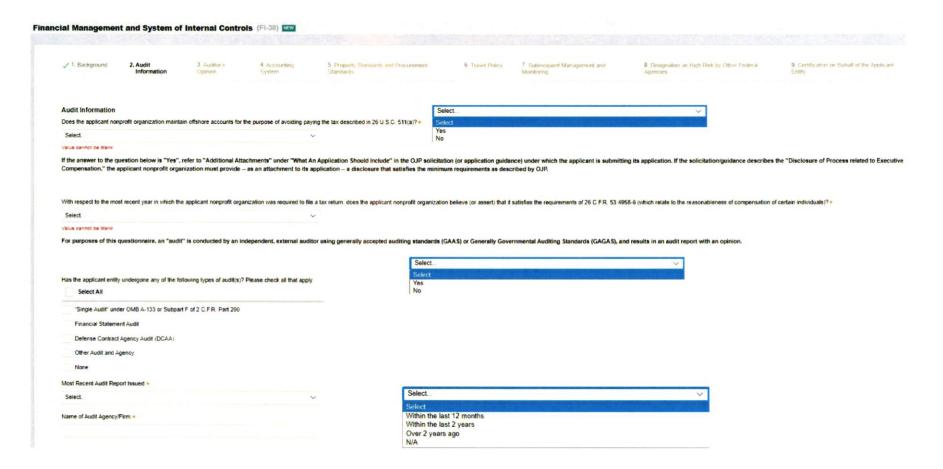
#### 1. Background



<sup>&</sup>lt;sup>1</sup> For a limited number of solicitations, applicants will be instructed in the solicitation to attach a completed PDF form for the Financial Management and System of Internal Controls Questionnaire, instead of completing the web-based form. Those applicants should download, complete, and submit the OJP Financial Management and System of Internal Controls Questionnaire—ARCHIVED, located at <a href="https://www.ojp.gov/funding/apply/forms">https://www.ojp.gov/funding/apply/forms</a>.

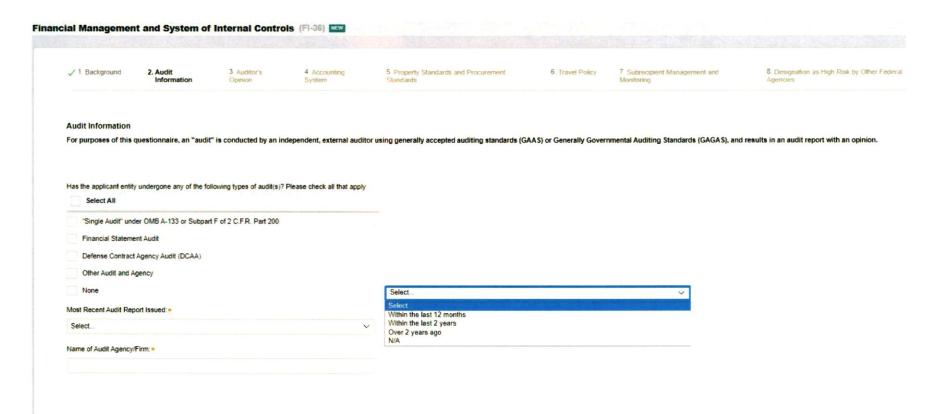
If **Yes** to nonprofit question, then:

#### 2. Audit Information

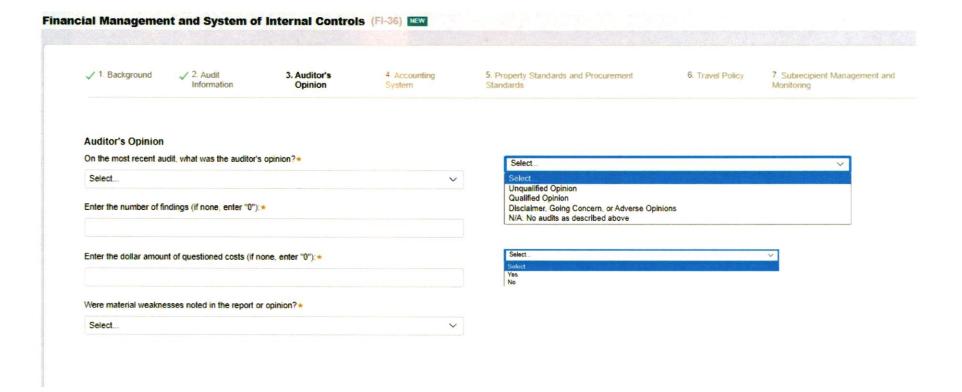


If **No** to nonprofit question, then:

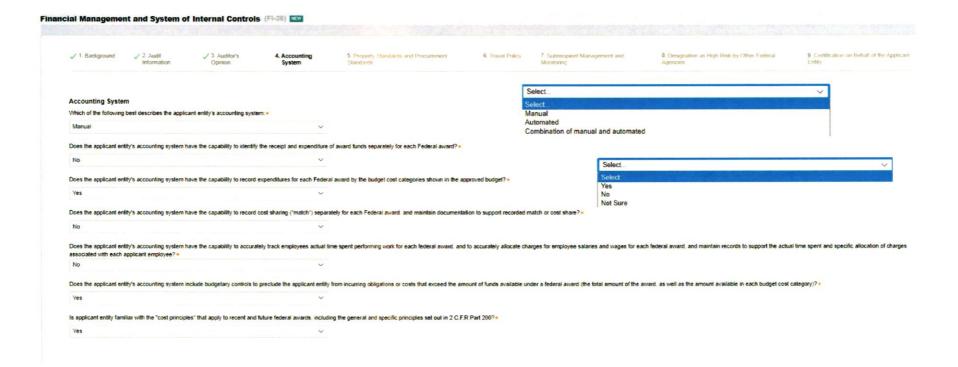
#### **Audit Information**



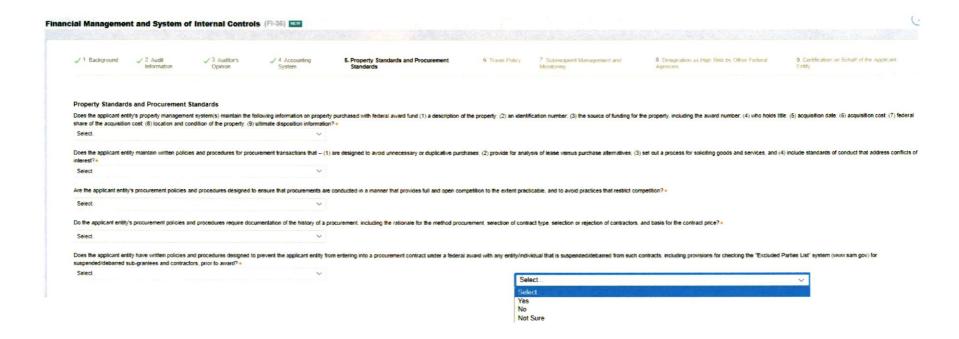
## 3. Auditor's Opinion



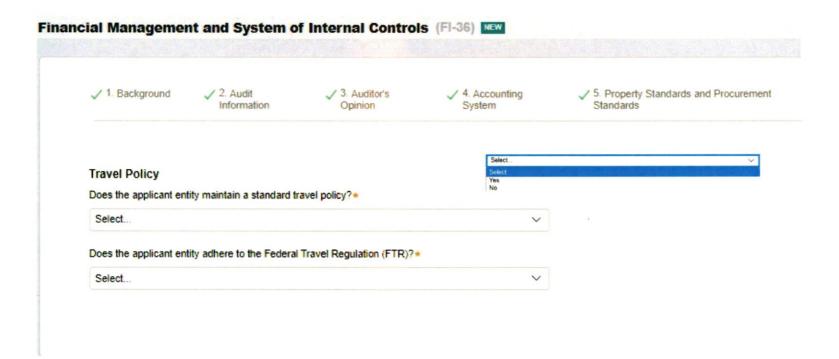
## 4. Accounting System



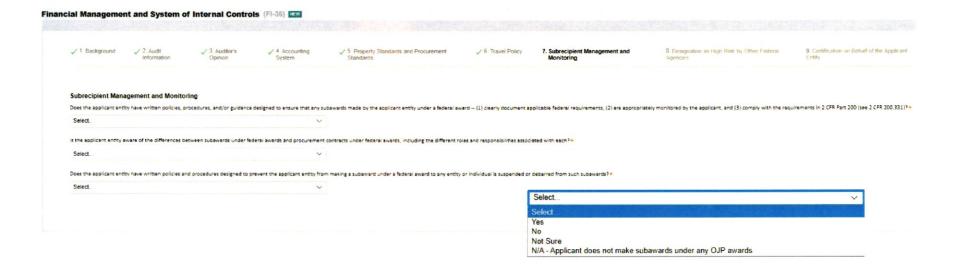
# 5. Property Standards and Procurement Standards



# 6. Travel Policy



## 7. Subrecipient Management and Monitoring

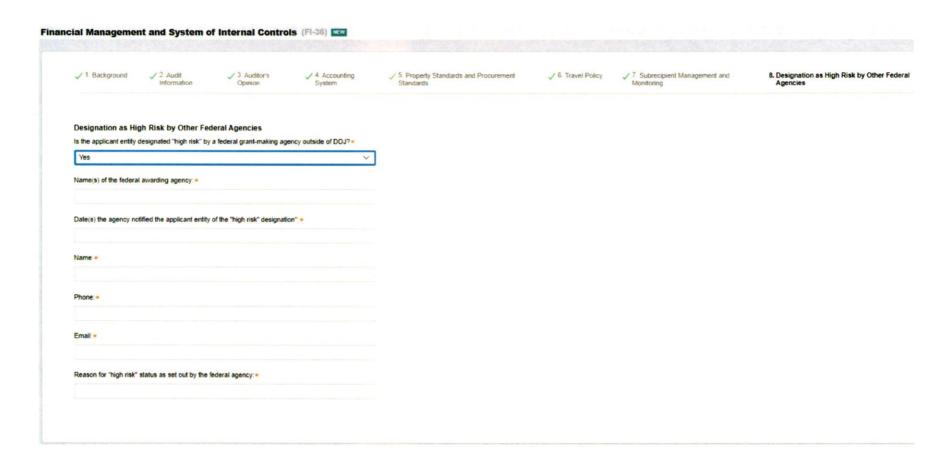


## 8. Designation as High Risk by Other Federal Agencies

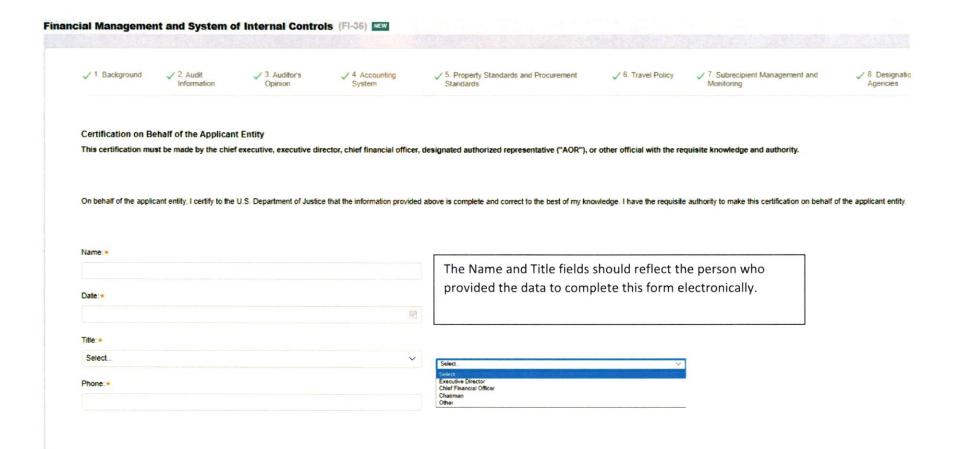


If yes to "high risk" designation, then:

## 8. Designation as High Risk by Other Federal Agencies



## 9. Certification on Behalf of the Applicant Entity



FORM APPROVED COUNTY COUNSEL

RYAN D. YABKO

DATE