| Roll Call Number |
|---------------------------|
| |
| Date July 19, 2021 |

| Agenda Item Number | | |
|--------------------|--|--|
| ° LIQ | | |
| 70 | | |

WHEREAS the City of Des Moines was awarded the Project Safe Neighborhood Grant through the Office of Drug Control Policy in the amount of \$67,708 to reimburse overtime in support of targeted drug enforcement, and;

WHEREAS, the grant performance period is extended from November 25, 2019, through October 31, 2020, to November 25, 2019, through December 30, 2021, with no match requirement, and

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that the extended grant period for the Project Safe Neighborhood Grant award by the Office of Drug Control Policy, is hereby approved, with the Mayor authorized to sign the award document on behalf of the City and the City Manager or his designee, is directed to take any and all steps necessary to timely file and implement the grant award documents.

| (Council Letter Number 21-316 | attached) |
|-------------------------------|-----------|
| Moved by | to adopt |

Approved as to form:

Douglas P. Philiph

Assistant City Attorney

| COUNCIL ACTION | YEAS | NAYS | PASS | ABSENT |
|----------------|------|------|------|--------|
| COWNIE | | | | |
| BOESEN | | | | |
| GATTO | | | | |
| GRAY | | | | |
| MENDELBAUM | | | | |
| VOSS | | | | |
| WESTERGAARD | | | | |
| TOTAL | | | | |
| MOTION CARRIED | - | | APP | ROVED |

Mayor

CERTIFICATE

I, P. Kay Cmelik, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

| City | Clerk |
|------|-------|
| | CIGIL |

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PROJECT SAFE NEIGBORHOODS

Governor's Office of Drug Control Policy Pape State Office Bldg., 5th Floor 215 E. 7th Street, Des Moines, Iowa 50319 (515) 725-0300

PSN CFDA #16.609

| Grantee: | Grant #18-PSN-04 | | | |
|---|--|--|--|--|
| City of Des Moines | Grant Period: November 25, 2019 – December 31, 2021 | | | |
| 25 East 1st Street | Revised 07/09/211 | | | |
| Des Moines, Iowa 50309-1813 | | | | |
| | Federal: \$67,708 Match: \$0 | | | |
| | Match: \$0 Total: \$67,708 | | | |
| on an a | Ψ07,700 | | | |
| ODCP Contact: Dennis Wiggins 515/725-0311 | , | | | |
| Legal Applicant: | Program Director: Colleen Barongan | | | |
| T.M. Franklin Cownie | E-mail: cmbarongan@dmgov.org | | | |
| | | | | |
| This grant is subject to the terms and conditions incorporated either directly or indirectly by reference in the grant program legislation, the grant program request for proposal, and the stipulations, if any, noted under "Special Conditions." Except for any waiver granted explicitly elsewhere in this grant, this award does not constitute approval of waiver from any Federal or state statutory/regulatory requirements for a United States Department of Justice grant. The grantee agrees to perform all services and furnish all supplies set forth in the application of this grant award for the consideration stated herein. This grant consists of the application for funds, the grant award notice, the budget documents, the standard grant conditions, the reporting forms, and all approved grant revision documents. All parties to this grant award acknowledge that they have fully read and understand this contract, and agree to abide by the terms set forth within. | | | | |
| SPE | CIAL CONDITIONS | | | |
| Sub-contracts for service must be submitted to ODCP for review and approval prior to expenditure of grant funding. | | | | |
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| In witness wherefore, the parties hereto have executed this gra | nt the day and year specified below. | | | |
| SIGNATU | RES/DATES | | | |
| | | | | |
| Legal Applicant/Date Program D | rirector/Date ODCP Administrator/Date | | | |