

Local Assistance Grant Agreement

Grant Program Name: Columbus Office of Crime Prevention

Fiscal Agent: Muscogee County

Administering Agency: Columbus Office of Crime Prevention

Grant Recipient: Enrichment Services Program INC

Grant Amount: \$20,000.00

Budget:	<u>Supplies</u>	– \$20,000.00
	Total	- \$20,000.00

Program Contact Information

Name: Jamie Thomas Title: SR. Director

Address: - 2601 Cross Country Drive, Bldg C

Phone #: (706) 221 0093

Project Description:

The "Breaking Cycles" initiative addresses critical issues by educating families on intergenerational trauma, providing grief and trauma-informed mental health support, offering skill-building workshops for families, and creating safe spaces for sharing experiences. It emphasizes culturally responsive strategies and systemic approaches to foster healing and long-term impact.

I, Jamie Thomas the duly authorized representative of the above-named Grant Recipient, do hereby agree to the following terms that outline the requirements of Columbus, Georgia for organizations/agencies receiving funds from the Columbus Office of Crime Prevention. I have been given the opportunity to ask questions regarding these terms and fully understand my organization's obligations incurred by accepting this grant. I understand that prior to the disbursement of any funds the following criteria must be met:

1. The above-named Grant Recipient represents the beneficiaries of the Grant and the above-named individual is authorized to act in the name of the Grant Recipient.
2. The subject matter of this Agreement is primarily the provision of services in the form of a mentoring program.
3. When reimbursement is sought, the name of the person providing the service shall be provided along with the type of service provided. The Grant Recipient shall immediately notify the Agency if any of their service providers are arrested. At the time Grant Recipient learns that one of its service providers has been arrested, then Grant Recipient shall cease to use such service provider in connection with programs funded by this Grant.
4. In the initial report submitted to the Administering Agency, Grant Recipient shall provide:
(a) the names, telephone numbers and email addresses for the advisory committee members in each county and a copy of the minutes, signed by the chairman and the secretary, for each of their meetings; (b) the name of the chairman and the secretary of the advisory committee; (d) the times and dates that the Grant programs are available – essentially a schedule of services; (e) the number of participants in the program and schools they attend; (f) Description of the process used to identify individuals for which services will be provided; (h) provide specifics on the evaluation process that addresses how the process will work, how the statistical data will be gathered, how it will be analyzed.
5. All persons utilized by Grant Recipient who are to have contact with juvenile participants must undergo federal criminal background checks prior to the contact. Grant Recipient shall provide a list of the names of any persons, whether paid or unpaid, who are to have contact with any program participants and shall provide the results of the criminal background checks to the Agency prior to any contact with program participants.
6. Grant Recipient shall provide to Agency a list of all Program participants. The parent or guardian of each participant as well as the participant shall sign an acknowledgement that any complaints about the Grant Recipient should be made to "Seth Brown, Director of Office of Crime Prevention, P.O. Box 1340, Columbus, Georgia 31902-1340. The signed

acknowledgement shall be submitted to the Agency.

7. Grant Recipient shall provide an accounting system that shall separate Grant Funds from other funds. The accounting system shall also separate Grant-related expenses from other expenses.
8. Grant Recipient shall submit to Agency a monthly report on the progress of the programs. The monthly report shall provide statistical data that supports the projects goals of empowering participants. The Recipient should also provide a monthly report of expenses.
9. Grant Recipient shall use Grant Funds strictly for the purposes outlined in the Grant. Any changes to the programs must be submitted in writing to Columbus Office of Crime Prevention for approval or the funding may be jeopardized.
10. Grant Recipient shall identify the members of its Board of Directors which will assume liability if the Georgia Criminal Justice Coordinating Council determines the funds have been misused.
11. Monthly report must be submitted to Seth Brown electronically by the 10th day of the month. Once the report is approved it will be submitted to the Office of Crime Prevention Board for evaluation.
12. The Grant Recipient shall use generally accepted accounting principles (“GAAP”) to account for all financial transactions used to substantiate the fulfillment of this Grant.
13. The Grant Recipient shall maintain all records of Grant-related financial transactions for a minimum of three years after the completion of the Grant and to make all records available for inspection and fully cooperate with any audit or investigation requested or undertaken by the Criminal Justice Coordinating Council, the State Auditor, the Internal Auditor for Columbus, Georgia, or any other officials of the state or federal government who have the authority to conduct audits.
14. The Grant Recipient shall comply at all times with the provisions of Article I, Section II, and Paragraph VII of the Georgia Constitution regarding the prohibition against Sectarian Aid.
15. The Grant Recipient hereby releases Columbus, Georgia from any liability whatsoever and Grant Recipient hereby agrees to indemnify Columbus, Georgia against any and all claims for damages, bodily injury or death arising from any of the activities contemplated by this Agreement raised by any person. Grant Recipient shall provide to Columbus, Georgia a certificate of insurance that shows general liability coverage in the amount of at least

\$1,000,000 per occurrence and which shows that Columbus, Georgia is named as an additional insured.

- 16. All services must be provided by properly certified or licensed personnel.
- 17. In the event there is any discrepancy in the language of the project description and these numbered paragraphs, the language in the numbered paragraphs shall control.

Signature of Mayor

Date

Approved as to form by City Attorney

Date

Signature of Grant Recipient Representative

Date