



Governor's Office of Highway Safety

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www.gahighwaysafety.org

Brian P. Kemp
GOVERNOR

Allen Poole
DIRECTOR

September 19, 2022

Mr. Jimmy McDuffie
Effingham County Sheriff's Office
P.O. Box 1015
Springfield, GA 31329

Re: Application #: TEN-2023-Effingham -00001-C
Grant #: TEN-2023-402 PT-001
Project Title: TEN - South East Area

Dear Mr. Jimmy McDuffie:

Congratulations! It is my pleasure to inform you that your application in the amount of **\$27,852.16** federal funds has been approved. The effective date of the grant is October 1, 2022 through September 30, 2023. Allowed costs incurred within this period are reimbursable at a rate of 100% of the approved federal funds allocated above. Please keep in mind that all GOHS Grant funds must be identified separately in your accounting system. For additional details, please reference the Grant Terms and Conditions #5 entitled, "Accounting Records/Source Documentation."

As a reminder, GOHS and the National Highway Traffic Safety Administration (NHTSA) must provide your agency with written approval prior to the purchase of any equipment item costing \$5,000.00 or more. Throughout this process, your agency must ensure that their local procurement policies as well as the Buy America Act requirements are followed. If local policies are not available, your agency must use the State of Georgia procurement procedures.

GOHS is required to complete Risk Assessments on each grantee prior to the award and notify the grantee of the outcome. The Risk Assessment is based upon prior grants, audit reports, and/or interaction during the application process. Your agency's Risk Assessment score for the FFY 2023 grant year is **Low**. For additional information, please review the enclosed attachment entitled, "Risk Assessment".

If your jurisdiction/agency (combined) receives federal funds of \$750,000.00 or more in a year, an audit is required in accordance with 2 CFR Part 200, Subpart F. A copy of the audit report must be submitted to the Governor's Office of Highway Safety (GOHS) prior to September 30, 2023.

Agencies awarded federal funds through GOHS are encouraged to receive their reimbursement payments electronically. If your agency received funds in FFY 2022, please review the information previously submitted on your Vendor Management Form (VMF) and update if needed by utilizing the enclosed "revised" VMF. If no changes are needed, GOHS will continue to use the information previously submitted to reimburse electronically. Agencies that did not receive federal funds in FFY 2022 must complete the enclosed VMF. Please note that in completing the VMF, GOHS will complete the Supplier's number under Section 1 along with Section 5 once submitted. Upon completion, please mail the VMF to Mrs. Ma'Jeana Mattox, GOHS Grants Specialist at the above address OR email her at, majeanamattox@gohs.ga.gov no later than October 15, 2022. Once claims for reimbursement have been



submitted, your agency can verify the payment status on the State of Georgia Accounting Office's vendor management portal at <http://sao.georgia.gov/vendor-payment-management>.

The Grant Terms and Conditions contain important information from GOHS. Enclosed you will find updated Grant Terms and Conditions (FFY 2023) as well as GOHS Special Conditions governing the above-referenced project. These documents clearly identify the guidelines and requirements governing your grant. Please note #1 under Grant Terms and Conditions states that **all grant awards are contingent upon the availability of federal funds**. Promotional/incentive type items will not be reimbursed. This includes, but is not limited to, key chains, shirts, cups, pens, and bags. An announcement to the public regarding the award of this grant is a requirement of the grant and must obtain GOHS approval prior to being distributed. The procedure for this will be to send your grant announcement to your GOHS Grant Manager. The Grant Manager will ensure the announcement contains the appropriate information and notify you of the approval. You can then release it to your media.

A copy of your grant application may be downloaded at <https://georgia.intelligrants.com>. After logging in, search for your grant by clicking on the Applications/Grants tab at the top of the page. Once you have located the appropriate grant, go to Access Management Tools and you will see the link to create a pdf.

SAM Unique Entity Identifier: WCFEKENTR7A8

Assistance Listing Title: State and Community Highway Safety

Assistance Listing Number: 20.600

FAIN: 69A37522300004020GA0

Subaward Period of Performance State and End Date: October 1, 2022 – September 30, 2023

Subaward Budget Period State and End Date: October 1, 2022 – September 30, 2023

Included with this letter is a copy of your signed certification page for your files.

Should you have questions regarding the content of this letter, please contact your assigned grant manager, Mr. W. Harrelson at (404) 656-6996. GOHS looks forward to your partnership in helping to make Georgia's roadways safer.

Sincerely,



Allen Poole
Director

AP/sw

Enclosures **(5)**

cc: Mr. James Thompson, Agency Administrator
Mr. Wesley Corbitt, Financial Officer
Mr. W. Harrelson, Planner/Grant Manager



An Equal Opportunity Employer

GOVERNOR'S OFFICE OF HIGHWAY SAFETY GRANT SPECIAL CONDITIONS

Law Enforcement Grants (Non-HEAT) - FFY 2023

The Georgia Governor's Office of Highway Safety (GOHS) is pleased to award this grant, with the following **special conditions**:

All GOHS grantees are expected to fulfill the following requirements in addition to the terms and conditions in the attached grant application:

1. All grantees are **required** to promote Georgia's safety belt laws, to include the necessity of drivers and passengers wearing safety belts and placing children in age/height appropriate child safety restraints. GOHS will provide information on the current Georgia safety belt law to the grantee.
2. All grantees are **required** to publicize their GOHS Awarded grant with the media, utilizing print, radio and/or television. This announcement must receive prior approval from GOHS before releasing to the media. It must be made within the first (1st) quarter of the approved grant. A copy of the actual announcement must be forwarded to GOHS. Records **must** be kept and provided to GOHS of all print media articles related to the grant as well as a copy of all announcements sent to radio and television stations. If possible, please provide radio/television station verification of the dates and times when announcements were aired.
3. **All printed items** produced with grant funds or ordered and paid for by this grant must receive prior approval from GOHS and include the current GOHS logo and/or a statement that says either "*This project is funded by the Georgia Governor's Office of Highway Safety*" or "*The Georgia Governor's Office of Highway Safety is a full partner in this program.*" Photo or scan of final produced items shall be attached with the invoice when filing for reimbursement.
4. All equipment **must** be purchased within the first three (3) months after the grant award effective date. Equipment with a cost of \$5000.00 or more must be approved by GOHS and NHTSA prior to purchase. The agency must ensure that their local procurement policies as well as the Buy America Act are followed.
5. Grantee **must** submit a final programmatic report. The established due date will be provided by GOHS prior to the end of the fiscal year.
6. All grant programs **must** have an evaluation component that is approved by the Governor's Office of Highway Safety.
7. Grantee receiving funds from GOHS must submit programmatic and claim reports **MONTHLY**, by the 20th of the following month. Monthly reports must document and support the objectives and activities outlined in grant. No financial claim will be processed without a programmatic report, which supports the expense.
8. Law enforcement/prosecutor activity hours are a condition of the project. GOHS will not reimburse based upon a salary of an individual. Please review full Grant Terms and Conditions for further regarding the "General Cost of Government" regulations.
9. Qualified Officers/Deputies assigned to activity hours must provide documentation showing hours worked AND hours worked on the project along with enforcement activity on a monthly basis. This documentation will be submitted via GOHS Form 203 or GOHS Form 203N.

10. Qualified Officers/Deputies must have sufficient training in traffic enforcement, including Radar, Lidar, SFST, ARIDE etc. to perform project activities.
11. Grant amendments, if needed, must be submitted in eGOHS Plus prior to June 30th.
12. The Grantee **must** participate in regional Traffic Enforcement Network meetings and initiatives during the grant year. This should include monthly meetings, local safety events and campaigns, and press events.
13. All grant programs must cooperate fully with entities dealing with traffic safety issues to include but not limited to: SADD, MADD, Safe Kids, Public Health, other enforcement agencies, etc.
14. The Grantee must participate in the *Click-it or Ticket*, *CIOT Border2Border*, *Drive Sober or Get Pulled Over (OZT)*, *Operation Southern Slow Down*, *Other State Mobilizations and National Highway Safety campaigns* and report numbers for each campaign to GOHS online reporting website: www.gareporting.com
15. Grantees must obtain prior approval from GOHS before any out of state travel. Approval of out-of-state travel in the application does not constitute out-of-state travel approval. A **Travel Authorization Request** must be submitted and approved in eGOHS Plus prior to making travel arrangements. Before GOHS approval, all claims and reports must be up-to-date.
16. GOHS grantees must submit crash reports electronically to GDOT (GEARS).
17. TEN grantees are required to submit a Governor's Challenge application for the Network. Other LE grantees are strongly encouraged to participate in the Governor's Challenge Program.

Please direct any questions about your grant and/or these conditions to:
Roger Hayes at rhayes@gohs.ga.gov or 404-971-0379.



GOVERNOR'S OFFICE OF HIGHWAY SAFETY
7 Martin Luther King Jr. Drive SW
Suite 643
Atlanta, GA 30334

Pre-Award Risk Assessment Form

RATING SCALE

0 – 3	No's	Applicant considered low risk for monitoring	LOW
4 – 7	No's	Applicant considered medium risk for monitoring	MED
8 – 12	No's	Applicant considered high risk for monitoring	HIGH

Based on the above rating scale, applicants will be placed in one risk area. If awarded, sub-recipients will be monitored based on the following:

High Risk

1. Could withhold full or partial payments pending single audit results.
2. Schedule a meeting within the first month of grant award.
3. Require mandatory training attendance by at least two - Authorizing Official, Financial Officer, Agency Administrator.
4. Provide training and technical assistance on program related matters.
5. Consider taking enforcement action against the non-compliant applicants.
6. GOHS will make a minimum of 2 visits to the sub-recipient during the grant year.

Medium Risk

1. Schedule a financial review with the applicant.
2. Could withhold full or partial payments pending single audit results.
3. Provide training and technical assistance on program related matters.

Low Risk

1. Standard monitoring.



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/>	Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/>	Existing TeamWorks Supplier ID	<input type="text"/>

SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Enter Loc#	<input type="text"/>	(Required for Bank Changes)
<input type="checkbox"/>	Change Address – Enter Addr ID#	<input type="text"/>	(Required for Address Changes)
<input type="checkbox"/>	Replace Invoicing Address	Loc# <input type="text"/>	Addr ID# <input type="text"/>
<input type="checkbox"/>	Replace Remittance Address	Loc# <input type="text"/>	Addr ID# <input type="text"/>
<input type="checkbox"/>	HCM Vendor		
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)		
<input type="checkbox"/>	Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority		
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)		

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: _____ EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE CELL (USED FOR IDENTITY VERIFICATION) LANDLINE CELL (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: _____

SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # ACCOUNT #

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer _____

Signature of Company Officer _____

Date _____

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

<input type="checkbox"/>	Deactivate Supplier Profile <i>(Enter justification in Section 6)</i>		
<input type="checkbox"/>	Reactivate Supplier Profile		
<input type="checkbox"/>	Add New Bank Account (Must complete Section 3)		
<input type="checkbox"/>	Change Existing Bank Account (Must complete Sections 1 & 3)		
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)		
<input type="checkbox"/>	Supplier (Business) Name Change		
<input type="checkbox"/>	Add Additional Business Address (Must complete Section 2)		
<input type="checkbox"/>	Change Existing Business Address (Must complete Sections 1 & 2)		
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable
<input type="checkbox"/>	1099-M	Enter Code	<input type="checkbox"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N	Code	<input type="checkbox"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID#	<input type="checkbox"/>	<i>(Enter Address ID # where to mail 1099)</i>
<input type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>		

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY				MINORITY BUSINESS ENTERPRISE (51% Owned):					
<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.

Liaison Name: _____ Agency BU#: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____