

AN ORDINANCE BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE TO AMEND THE 2014 INTERGOVERNMENTAL GRANT FUND BUDGET, DEPARTMENT OF POLICE (“DEPARTMENT”), BY ADDING TO ANTICIPATIONS AND APPROPRIATIONS IN THE AMOUNT OF EIGHT THOUSAND DOLLARS (\$8,000), FOR A GRANT AWARD FROM THE GOVERNOR’S OFFICE OF HIGHWAY SAFETY (“GOHS”), TO PROVIDE THE DEPARTMENT THE NECESSARY MEANS TO TEST FOR INTOXICATION TO PROMOTE SAFETY ON THE ROADWAYS, AND FOR OTHER PURPOSES.

Review List:

Amber Robinson	Completed	07/10/2013 12:25 PM
George Turner	Completed	07/10/2013 12:31 PM
Mayor's Office	Completed	07/10/2013 12:54 PM
Office of Research and Policy Analysis	Completed	07/17/2013 10:19 AM
Public Safety & Legal Administration Committee	Pending	
Atlanta City Council	Pending	

Certified by Presiding Officer	Certified by Clerk
Mayor’s Action <i>See Authentication Page Attachment</i>	

LEGISLATION HISTORY – BLUE BACK

**AN ORDINANCE
BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE**

AN ORDINANCE BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE TO AMEND THE 2014 INTERGOVERNMENTAL GRANT FUND BUDGET, DEPARTMENT OF POLICE (“DEPARTMENT”), BY ADDING TO ANTICIPATIONS AND APPROPRIATIONS IN THE AMOUNT OF EIGHT THOUSAND DOLLARS (\$8,000), FOR A GRANT AWARD FROM THE GOVERNOR’S OFFICE OF HIGHWAY SAFETY (“GOHS”), TO PROVIDE THE DEPARTMENT THE NECESSARY MEANS TO TEST FOR INTOXICATION TO PROMOTE SAFETY ON THE ROADWAYS, AND FOR OTHER PURPOSES.

WHEREAS, in 2012, the Georgia Bureau of Investigation (“GBI”) mandated that the Intoxilyzer 9000 would replace the Intoxilyzer 5000 as the device used in the State of Georgia to measure breath-alcohol levels of persons suspected of driving under the influence of alcohol (“DUI”); and

WHEREAS, the Georgia Governor’s Office of Highway Safety (“GOHS”) awarded the City of Atlanta Police Department (“Department”) a grant award of eight thousand dollars (\$8,000) to reimburse the cost of purchasing an Intoxilyzer 9000, so that the Department could meet the state-standards in carrying out alcohol breath-tests (“grant”); and

WHEREAS, the Department wishes to enter into the grant, in order to purchase an Intoxilyzer 9000, so that the Department can best enforce DUI laws by meeting the latest state-standards in carrying out alcohol breath-tests.

THE CITY COUNCIL OF THE CITY OF ATLANTA, GEORGIA, HEREBY ORDAINS, as follows:

SECTION 1: That the Mayor or his designee, be and is hereby authorized to accept a grant from the Governor’s Office of Highway Safety (“GOHS”), in the amount of eight thousand dollars (\$8,000), for the reimbursement of the purchase of an Intoxilyzer 9000.

SECTION 2: That the 2014 (Intergovernmental Grant Fund) Budget, Department of Police is hereby amended as follows:

ADD TO ANTICIPATIONS

Fund	2501 (INTERGOVERNMENTAL GRANT FUND)	
Dept	240101 (APD CHIEF OF POLICE)	
Account	3311501 (FED-INDIRECT-(OC) PASS THROUGH FROM STATE GRANTS)	
Func/Act	1320000 (CHIEF EXECUTIVE)	
Project	211618 (GOHS Intoxilyzer 9000)	
Funding Source	42137 (GOHS Intoxilyzer 9000)	\$8,000

ADD TO APPROPRIATIONS

Fund	2501 (INTERGOVERNMENTAL GRANT FUND)	
Dept	240101 (APD CHIEF OF POLICE)	
Account	5999999 (PROJECTS AND GRANTS BUDGET - SUMMARY)	
Func/Act	1320000 (CHIEF EXECUTIVE)	
Project	211618 (GOHS Intoxilyzer 9000)	
Funding Source	42137 (GOHS Intoxilyzer 9000)	\$8,000

SECTION 3: That all ordinances and parts of ordinances in conflict herewith are hereby waived to the extent of the conflict.

TRANSMITTAL FORM FOR LEGISLATION

TO: MAYOR'S OFFICE

ATTN: CANDACE L. BYRD

Dept.'s Legislative Liaison: Investigator Kurt Braunsroth

Contact Number: 404.546.4266

Originating Department: Police

Committee(s) of Purview: Public Safety

Chief of Staff Deadline: 5 July 2013

Anticipated Committee Meeting Date(s): 30-31 July 2013

Anticipated Full Council Date: 19 August 2013

Legislative Counsel's Signature: [Signature]

Commissioner's Signature: [Signature: D/C E. Shields]

Chief Financial Officer: _____

Chief Information Officer Signature (for IT Procurements): _____

Chief Procurement Officer Signature: _____

CAPTION
AN ORDINANCE TO AMEND THE 2014 INTERGOVERNMENTAL GRANT FUND BUDGET, DEPARTMENT OF POLICE ("DEPARTMENT"), BY ADDING TO ANTICIPATIONS AND APPROPRIATIONS IN THE AMOUNT OF EIGHT THOUSAND DOLLARS (\$8,000), FOR A GRANT AWARD FROM THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY ("GOHS"), TO PROVIDE THE DEPARTMENT THE NECESSARY MEANS TO TEST FOR INTOXICATION TO PROMOTE SAFETY ON THE ROADWAYS, AND FOR OTHER PURPOSES.

FINANCIAL IMPACT: (if any)

Mayor's Staff Only

Received by CPO: _____ (date) Received by LC from CPO: _____ (date)

Received by Mayor's Office: [Signature] 7/11/13 (date) Reviewed by: [Signature] DCOS (date) 7/9/13

Submitted to Council: _____ (date)

Attachment: ordinance GOHS Intoxilyzer grant & approved transmittal (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer

AN ORDINANCE

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Attachment: ordinance GOHS Intoxilyzer grant & approved transmittal (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer

Legislative White Paper

Committee of Purview: Public Safety

Caption: AN ORDINANCE TO AMEND THE 2014 INTERGOVERNMENTAL GRANT FUND BUDGET, DEPARTMENT OF POLICE (“DEPARTMENT”), BY ADDING TO ANTICIPATIONS AND APPROPRIATIONS IN THE AMOUNT OF EIGHT THOUSAND DOLLARS (\$8,000), FOR A GRANT AWARD FROM THE GOVERNOR’S OFFICE OF HIGHWAY SAFETY (“GOHS”), TO PROVIDE THE DEPARTMENT THE NECESSARY MEANS TO TEST FOR INTOXICATION TO PROMOTE SAFETY ON THE ROADWAYS, AND FOR OTHER PURPOSES.

Council Meeting Date: 19 August 2013

Legislation Title: Appropriate Intoxilyzer 9000 Grant

Requesting Dept.: Police

Contract Type: N/A

Source Selection: N/A

Bids/Proposals Due: N/A

Invitations Issued: N/A

**Number of Bids/
Proposals Received:** N/A

Bidders/Proponents: N/A

Background: The Governor’s Office of Highway Safety has given the Atlanta Police Department a grant of \$8,000 to purchase an Intoxilyzer 9000, which the GBI has mandated as the device used in the State of Georgia to carry-out alcohol breath-testing.

Fund Account Center: N/A

Source of Funds: Grant from GOHS

Fiscal Impact: N/A

Term of Contract: N/A

Method of Cost Recovery: N/A

Approvals:

Attachment: ordinance GOHS Intoxilyzer grant & approved transmittal (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer

DOF:
DOL:

Prepared By: Investigator Kurt Braunsroth

Contact Number: 404-546-4266

Attachment: ordinance GOHS Intoxilyzer grant & approved transmittal (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer



Governor's Office of Highway Safety

7 Martin Luther King Jr Drive • Suite 643 • Atlanta, Georgia 30334

Telephone: 404.656.6996 or 888.420.0767 • Facsimile: 404.651.9107

www.gahighwaysafety.org

Nathan Deal
GOVERNOR

Harris Blackwood
DIRECTOR

May 29, 2013

Chief George Turner
Atlanta Police Department
226 Peachtree St, SW
Atlanta, GA 30303

OFFICE OF THE CHIEF

MAY 31 2013

RE: Grant Title: Intoxilyzer 9000

Dear Chief George Turner:

Congratulations. It is my pleasure to inform you that your application in the amount of \$8,000.00 federal funds has been approved. The effective date of the grant is April 1, 2013 through September 30, 2013. Allowed costs incurred within this period are reimbursable at a rate of 100% of the approved federal funds allocated above.

If your jurisdiction/agency (combined) receives federal funds of \$500,000.00 or more in a year, an audit is required in accordance with OMB Circular A-133. A copy of the audit report must be submitted to the Governor's Office of Highway Safety (GOHS) prior to the end of Federal Fiscal Year 2012.

Effective January 1, 2012, agencies awarded federal funds through GOHS will be required to receive reimbursement payments electronically. Please complete and mail the enclosed Vendor Management Form (VMF) to the attention of Ms. Janice Crawford, GOHS Accounts Payable Administrator at the above address. If a VMF was mailed along with your FY 2013 signed certification page, there is no need for you to resubmit. For those who did not submit, **GOHS must be in receipt of this form no later than June 15th.** Claims for reimbursement will be withheld if grantee fails to submit the VMF. For additional information, please contact, Ms. Janice Crawford at (404) 656-6996.

Enclosed are GOHS Special Conditions governing the Project Title referenced above. These documents clearly identify the guidelines and requirements governing your grant.

A complete copy of the grant application is enclosed and maybe downloaded at www.egohs.org. After logging in, go to Grant Menu, scroll down and click on Grant PDF located on the left side of the screen. Clicking here will allow you to print the complete application.



OFFICE OF THE CHIEF

DATE: 8/20/14

GOHS would like to be informed of important activities or events that the project has planned during this grant period. In an effort to increase partnership and provide support in reducing crashes, injuries and fatalities on Georgia's roadways, the calendar is made available to all grantees receiving federal funds from GOHS. Please post your events to our online calendar at:

www.gahighwaysafety.org/calender.calendar.pl.

Should you have questions, please contact The Law Enforcement Projects Manager, Scarlett Woods, at (404) 656-6996.

GOHS looks forward to your partnership in helping to make Georgia's roadways safer.

Sincerely,



Harris Blackwood
Director

HB/cgs
Enclosures

cc: Major Robert Browning, Project Director
Powell Harrelson, GOHS Planner



GEORGIA HIGHWAY SAFETY GRANT APPLICATION

Governor's Office of Highway Safety
 34 Peachtree Street, Suite 800
 Atlanta, Georgia 30303
 Tel: (404) 656-6996 Fax: (404) 651-9107
www.gahighwaysafety.org

COVER PAGE

Instructions:

1. Complete on-line **Grant Application** in its entirety and submit.
2. Print and return **1 original and 2 copies** of the Certification page.

1.	Agency/Jurisdiction: Atlanta Police Department, City of		
2.	Agency Type:	6.	Project Director
3.	Name of County: FULTON		Name: Major Robert Browning
4.	Authorizing Official		Title: Project Director, Major
	Name: Chief George Turner		Address: 180 Southside Industrial Parkway Atlanta, GA 30354
	Title: Chief of Police		Telephone: (404) 209-5260
	Address: 226 Peachtree Street, SW Atlanta, GA 30303		Fax: (404) 209-5268
	Telephone: (404) 546-6900 Fax: (404) 653-7975		Email: rbrowning@atlantaga.gov
	Email: gturner@atlantaga.gov		
7.	Project Title: Intoxilyzer 9000 Grant		
8.	Project Summary: Purchase Intoxilyzer 9000 for law enforcement agencies.		
9.	Grant Period: From: Oct 1 2012 To: Sep 30 2013		
10.	Funds Requested: \$ \$8,000	16.	Financial Contact: Mr. J. Anthony Beard
11.	Are funds being sought from other sources? Yes		Title: Chief Financial Officer
12.	Does your jurisdiction receive any other federal funds from other sources? Yes		Check Mailing Address: Dept of Finance, Office of the CFO 68 Mitchell Street, Suite 11100 Atlanta, GA
12a.	If so, how much? \$ \$6,000,000.00		Telephone: (404) 330-6453
			Fax: (404) 420-6661
			Email: jbeard@atlantaga.gov
13.	Type of Application:		
	Initial	Revision X	Continuation
14.	Federal ID Number: 58-6000512	17.	Congressional District(s): C05,C06,C11,C13
15.	Audit Period From: 7/1/2012 To: 6/30/2013	18.	Senate District(s): S06,S21,S28,S32,S35,S36,S38
		19.	House District(s): H022,H025,H040,H045,H047,H0

Attachment: GOHS- Intoxilyzer 9000 Grant Application & Award Info (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer Grant)

PROBLEM IDENTIFICATION

Describe the Problem

The problem statement should clearly present the traffic-related issues that are distressing the community and causing crashes, injuries and deaths. The statement should provide a concise description for the defined geographic area or jurisdiction. Include consecutive years of the most recent data to establish the conditions and the extent of the problem. (Charts, graphs, and percentages, are effective ways of displaying the data). Use additional pages as needed.

The sole approved instrument in the State of Georgia for analysis of alcohol in breath samples (breath alcohol testing) is the Intoxilyzer 5000 manufactured by CMI, Inc. This instrument platform has been in place since 1995 in local and state agencies across Georgia. Although functional and scientifically reliable, the Intoxilyzer 5000 does not possess all of the attributes necessary to meet evolving legal requests and quality assurance recommendations in the field of breath alcohol testing. There are also serious concerns about the long term ability to obtain replacement parts from the manufacturer.

An analysis of instruments being put "out of service" for repair or storage revealed a 240% jump in the number of "out of service" instruments from year 9 to year 10 of active service. With the majority of the instruments in the current fleet approaching 10 years of active service, a jump in the number of "out of service" instruments at 10 years of service would sharply decrease the number of instruments available for testing when needed. Some of the original Intoxilyzer 5000 components such as internal printer are no longer available.

While the Intoxilyzer 5000 is still functionally sound, it suffers some limitations in the ability to adapt to the changing forensic and legal landscape. Agencies such as the National Safety Council are recommending implementation of new measures to ensure tighter control of quality assurance. A growing number of criminal court cases are requesting large volumes of electronic test information that the Georgia Intoxilyzer 5000 as configured does not have the ability to provide. In addition, the Georgia Intoxilyzer 5000s are not configured with the capability to schedule quality control checks at the frequency recommended by a growing number of experts in the forensic community. This has led to an increase in the number of courtroom challenges to the Intoxilyzer 5000's reliability. Many states are now replacing their Intoxilyzer 5000s with newer, more PC compatible models.

PROGRAM ASSESSMENT

Assess the Current Situation

Program Assessment is the process used to determine the resources that a community is currently using to address the problem. Review activities and results of past and current efforts, indicating what did or did not work. Assess resources to determine what is needed to more effectively address the problem. Identify local laws, policies, groups, and organizations that support or inhibit the success of the project.

After a comprehensive evaluation of evidential breath alcohol testing instruments currently sold in the US, the CMI Intoxilyzer 9000 was selected by the Georgia Bureau of Investigation (GBI) Division of Forensic Sciences as the successor to the Georgia Model Intoxilyzer 5000.

The GBI has developed a five year plan to transition from the Intoxilyzer 5000 to the Intoxilyzer 9000, which includes replacement instrument selection, training, and instrument replacement.

The evaluation and selection of the Intoxilyzer 9000 was conducted during the first year of the plan (2012).

Training and implementation for the new instrument will be phased in over three calendar years beginning in 2013. All Implied consent staff from GSP will receive factory training on the new instrument theory, operation and maintenance. Instruments will be obtained for personnel attached to the Implied Consent Unit to assist in field recertification of current operators on the Intoxilyzer 9000 and procedure changes. New instruments used for training new operators at the Georgia Public Safety Training Center (GPSTC) in Forsyth will be purchased and installed. Training of existing operators at GPSTC on the Intoxilyzer 9000 will begin in 2013. Recertification classes on the Intoxilyzer 5000 will gradually be phased over to the Intoxilyzer 9000 transition classes according to demand. Regional and onsite transition classes will be developed to train existing operators on the Intoxilyzer 9000 in convenient strategic locations. By June 30, 2013, classes for new operators will begin transitioning from Intoxilyzer 5000 based classes to Intoxilyzer 9000 certifications.

Over the course of years 2014 and 2015, instrument replacement and operator training will continue. All Intoxilyzer 5000 operator permits will expire as of December 31, 2015 and the statewide transition to the Intoxilyzer 9000 will be complete.

PROGRAM ASSESSMENT CHART

(For Police Traffic Services Projects Only)

Please provide the current level of enforcement activity for the entire department for the three (3) previous calendar years (January 1 through December 31).

ACTIVITY	CALENDAR YEAR		
	2009	2010	2011
DUI ARRESTS	1324	17871	1760
SPEEDING (all cases)	13707	18001	22784
SAFETY BELT VIOLATIONS	8696	9268	12229
ALL OTHER TRAFFIC VIOLATIONS	73727	102091	166756
TRAFFIC CRASHES INVESTIGATED	24,221	24,891	26,773
CHECK POINTS CONDUCTED	100	100	100

PROJECT OBJECTIVES, ACTIVITIES AND EVALUATIONS

PROPOSED PROJECT OBJECTIVES, ACTIVITIES AND EVALUATION

Briefly describe what you plan to do to impact the problem. Indicate proposed start-up dates. Explain how the community will be made aware of the project through the media and evaluation activities. Explain how you will participate in the Traffic Enforcement Networks, "*Click-it or Ticket*" and *DUI Enforcement Campaigns*.

*Each objective should indicate which GOHS Highway Safety Plan goal it is intended to accomplish (visit www.gahighwaysafety.org to view goals.

Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 1. The grantee agrees to participate in regional traffic enforcement network meetings and initiatives.

Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 2. The Grantee will participate in GOHS highway safety campaigns, including CIOT, OZT, and 100 Days of Summer Heat.

Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 3. The Grantee agrees to enter enforcement data in the GOHS online reporting system monthly, and during GOHS Highway Safety Campaigns.

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Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 1. The grantee agrees to participate in regional traffic enforcement network meetings and initiatives.

Activity: 1. The grantee agrees to participate in regional traffic enforcement network meetings and initiatives.

Evaluation: 1. The MATEN Network coordinator will provide a sign in sheet for all regional traffic enforcement network meetings and initiatives.

Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 2. The Grantee will participate in GOHS highway safety campaigns, including CIOT, OZT, and 100 Days of Summer Heat.

Activity: 2. The Grantee will participate in GOHS highway safety campaigns, including CIOT, OZT, and 100 Days of Summer Heat.

Evaluation: 2. The Grantee will report all activity in GOHS highway safety campaigns, including CIOT, OZT, and 100 Days of Summer Heat.

Goal: 6.1 GOHS GOAL: ENHANCE POLICE TRAFFIC SERVICES

Objective: 3. The Grantee agrees to enter enforcement data in the GOHS online reporting system monthly, and during GOHS Highway Safety Campaigns.

Activity: 3. The Grantee agrees to enter enforcement data in the GOHS online reporting system monthly, and during GOHS Highway Safety Campaigns

Evaluation: 3. The Grantee will enter enforcement data in the GOHS online reporting system monthly, and during GOHS Highway Safety Campaigns.

MILESTONE CHART

Instructions:	Using the provided Milestone Chart, list projected activities to be accomplished on a monthly basis. This section should reflect the activities described in the Proposed Solution Plan/Activities.												
OBJECTIVE/ACTIVITY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
1. The grantee agrees to participate in regional traffic enforcement network meetings and initiatives.							1	1	1	1	1	1	
OBJECTIVE/ACTIVITY 2. The Grantee will participate in GOHS highway safety campaigns, including CIOT, OZI, and 100 Days of Summer Heat.							1	1	1	1	1	1	6

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3. The Grantee agrees to enter enforcement data in the GOHS online reporting system monthly, and during GOHS Highway Safety Campaigns							1	1	1	1	1	1	6
OBJECTIVE/ACTIVITY													

MEDIA PLAN

Describe your plans for announcing the award of this grant to your community through media outlets available to you. Discuss how you plan to keep the public informed of grant activities throughout the entire project period. Use additional pages as necessary.

The grantee will contact local media to provide a press release with grantee award information. (include name of local newspapers, TV, etc)

WSB-TV, Fox 5-Atlanta, the Atlanta Journal and Constitution, the Associated Press, WXIA-TV, CBS-Atlanta, Cox Communications - Radio, Public Broadcasting Service (PBS), Yahoo, WABE, Atlantapd.org, and patch.com.

RESOURCE REQUIREMENTS**Indicate the personnel, equipment, and supplies needed to complete the project.**

1. What personnel are needed and how will they be used?
2. What are the types and quantity of needed equipment?
3. How will equipment be used and by whom?
4. Describe the training required by personnel.

This project will provide funding for a CMI Intoxilyzer 9000 breath alcohol testing instrument to be utilized by grantee to replace the Intoxilyzer 5000 the agency currently has.

RESOURCE REQUIREMENTS

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SELF-SUFFICIENCY

Continuation Plan

Federal funding guidelines require that each funded project indicate how the activities of the project will be continued after federal funds are no longer provided. The continuation plan must identify potential sources of non-federal funds.

Grantee agrees to continue high visibility traffic enforcement initiatives, participation in Georgia's traffic enforcement networks and online reporting beyond the term of this award.

Attachment: GOHS- Intoxilyzer 9000 Grant Application & Award Info (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer Grant)

COST CATEGORY SUMMARY

COST CATEGORY		TOTAL	ROUNDED
1.	Personnel Services (salaries & fringes)	\$0.00	\$0.00
2.	Regular Operating Expenses	\$0.00	\$0.00
3.	Travel	\$0.00	\$0.00
4.	Equipment Purchases	\$8,000.00	\$8,000.00
5.	Contractual Services	\$0.00	\$0.00
6.	Per Diem & Fees	\$0.00	\$0.00
7.	Computer Charges and Computer Equipment	\$0.00	\$0.00
8.	Telecommunications	\$0.00	\$0.00
9.	Motor Vehicle Purchases	\$0.00	\$0.00
10.	Rent/Real Estates	\$0.00	\$0.00
11.	Total	\$8,000.00	\$8,000.00

MATCHING FUNDS		%		ROUNDED
12.	Local Cash Match	0		\$0.00
13.	Federal Participation (percentage of total in Item 11)	100		\$8,000.00

Attachment: GOHS- Intoxilyzer 9000 Grant Application & Award Info (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer Grant)

PROJECT TITLE: Intoxilyzer 9000 Grant

Application ID GA-2013-195-00580	ALL SIGNATURES <u>MUST</u> BE IN <u>BLUE</u> INK.
Agency Name Atlanta Police Department, City of	

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the grantee; and , that the receipt of grantor funds through the Governor's Office of Highway Safety will not supplant state or local funds. **Monthly reimbursement claim submissions filed electronically are in effect, "electronically signed".**

PROJECT DIRECTOR *

Name: <u>Major Robert Browning</u> (Please Print or Type)	Title: <u>Project Director, Major</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>180 Southside Industrial Parkway</u> <u>Atlanta, GA 30354</u>				
Phone Number: <u>(404) 209-5260</u>	E-mail address: <u>rbrowning@atlantaga.gov</u>				
Fax Number: <u>(404) 209-5268</u>	Bonded: <table border="1" style="display: inline-table;"><tr><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Signature: _____	Date: <u>4/3/2013 11:57:32 PM</u>				

FINANCIAL OFFICER *

Name: <u>Mr. J. Anthony Beard</u> (Please Print or Type)	Title: <u>Chief Financial Officer</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>Dept of Finance, Office of the CFO</u> <u>68 Mitchell Street, Suite 11100</u>				
Phone Number: <u>(404) 330-6453</u>	E-mail address: <u>jbeard@atlantaga.gov</u>				
Fax Number: <u>(404) 420-6661</u>	Bonded: <table border="1" style="display: inline-table;"><tr><td>Yes</td><td><input checked="" type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
Signature: _____	Date: <u>4/3/2013 11:57:32 PM</u>				
FEI Number: <u>58-6000512</u>					

AUTHORIZING OFFICIAL *

Name: <u>Chief George Turner</u> (Please Print or Type)	Title: <u>Chief of Police</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>226 Peachtree Street, SW Atlanta,</u> <u>GA 30303</u>				
Phone Number: <u>(404) 546-6900</u>	E-mail address: <u>gturner@atlantaga.gov</u>				
Fax Number: <u>(404) 653-7975</u>	Bonded: <table border="1" style="display: inline-table;"><tr><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Signature: _____	Date: <u>4/3/2013 11:57:32 PM</u>				

ALTERNATE SIGNATURE

Other person(s) authorized to sign for Authorizing Official for Monthly Activity Report and Reimbursement Claim submissions:

Name: _____ (Please Print or Type)	Title: _____ (Please Print or Type)
Signature: _____	

NOTE: *THE PROJECT DIRECTOR, FINANCIAL OFFICER AND AUTHORIZING OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

Attachment: GOHS- Intoxilyzer 9000 Grant Application & Award Info (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer Grant)

PROJECT TITLE: Intoxilyzer 9000 Grant

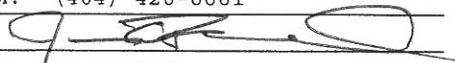
Application ID 2013-GA-0521-00	ALL SIGNATURES <u>MUST BE IN BLUE INK.</u>
Agency Name Atlanta Police Department, City of	

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the grantee; and , that the receipt of grantor funds through the Governor's Office of Highway Safety will not supplant state or local funds. **Monthly reimbursement claim submissions filed electronically are in effect, "electronically signed".**

PROJECT DIRECTOR *

Name: <u>Major Robert Browning</u> (Please Print or Type)	Title: <u>Project Director, Major</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>180 Southside Industrial Parkway</u> <u>Atlanta, GA 30354</u>				
Phone Number: <u>(404) 209-5260</u>	E-mail address: <u>rbrowning@atlantaga.gov</u>				
Fax Number: <u>(404) 209-5268</u>	Bonded: <table border="1"><tr><td>Yes</td><td></td><td>No</td><td>x</td></tr></table>	Yes		No	x
Yes		No	x		
Signature: <u></u>	Date: <u>3-14-13</u>				

FINANCIAL OFFICER *

Name: <u>Mr. J. Anthony Beard</u> (Please Print or Type)	Title: <u>Chief Financial Officer</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>Dept of Finance, Office of the CFO</u> <u>68 Mitchell Street, Suite 11100</u>				
Phone Number: <u>(404) 330-6453</u>	E-mail address: <u>jbeard@atlantaga.gov</u>				
Fax Number: <u>(404) 420-6661</u>	Bonded: <table border="1"><tr><td>Yes</td><td>x</td><td>No</td><td></td></tr></table>	Yes	x	No	
Yes	x	No			
Signature: <u></u>	Date: <u>3/13/2013</u>				
FEI Number: <u>58-6000512</u>					

AUTHORIZING OFFICIAL *

Name: <u>Chief George Turner</u> (Please Print or Type)	Title: <u>Chief of Police</u> (Please Print or Type)				
Agency: <u>Atlanta Police Department, City</u>	Address: <u>226 Peachtree Street, SW Atlanta,</u> <u>GA 30303</u>				
Phone Number: <u>(404) 546-6900</u>	E-mail address: <u>gturner@atlantaga.gov</u>				
Fax Number: <u>(404) 653-7975</u>	Bonded: <table border="1"><tr><td>Yes</td><td></td><td>No</td><td>x</td></tr></table>	Yes		No	x
Yes		No	x		
Signature: <u></u>	Date: <u>3/6/13</u>				

ALTERNATE SIGNATURE

Other person(s) authorized to sign for Authorizing Official for Monthly Activity Report and Reimbursement Claim submissions:

Name: _____ (Please Print or Type)	Title: _____ (Please Print or Type)
Signature: _____	

NOTE: *THE PROJECT DIRECTOR, FINANCIAL OFFICER AND AUTHORIZING OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

Attachment: GOHS- Intoxilyzer 9000 Grant Application & Award Info (13-O-1200 : ordinance to accept and appropriate GOHS Intoxilyzer Grant)

GOVERNOR'S OFFICE OF HIGHWAY SAFETY GRANT SPECIAL CONDITIONS

Law Enforcement Grant (TEN and/or Small Incentive Grants)

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 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 materials produced, ordered or paid with grant funds **must** include a statement indicating, "*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.*"
4. All equipment must be purchased within the first three (3) months after the grant award effective date.
5. The Governor's Office of Highway Safety **must** approve any printed materials produced with grant funds before final production.
6. Grantee **must** submit a final programmatic report. The established due date will be provided by GOHS prior to the end of the fiscal year.
7. All grant programs **must** have an evaluation component that is approved by the Governor's Office of Highway Safety.
8. The Grantee must participate in a regional Traffic Enforcement Network (Law Enforcement only).
9. All grant programs must cooperate fully with entities dealing with traffic safety issues to include but not limited to: SADD, Safe Kids, Public Health, other enforcement agencies, etc.
10. The Grantee must participate in the *Click-it or Ticket*, *Operation Zero Tolerance*, *Other State Mobilizations* and National Highway Safety campaigns and report numbers for each campaign to GOHS online.
11. All out-of-state travel requested must receive prior approved from GOHS.

Please direct any questions about your grant and/or these conditions to your GOHS planner.

