



Michael L. Parson
Governor

State of Missouri
OFFICE OF ADMINISTRATION

Sarah H. Steelman
Commissioner

Post Office Box 809
Jefferson City, Missouri 65102
Phone: (573) 751-1851
Fax: (573) 751-1212

August 3, 2021

Tina Wise
415 East 12th Street
Kansas City, MO 64106-2706

Subject: 2201039
Legal Name: Jackson County, Missouri
Justice, Department of
16.738 - Edward Byrne Memorial Justice Assistance Grant Program
Project Description: Greater Kansas City Crime Prevention
Initiatives

The Missouri Federal Assistance Clearinghouse, in cooperation with state and local agencies interested or possibly affected, has completed the review on the above project application.

None of the agencies involved in the review had comments or recommendations to offer at this time. This concludes the Clearinghouse's review.

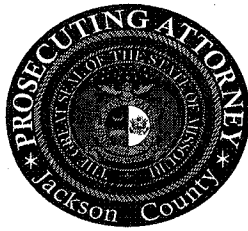
A copy of this letter is to be attached to the application as evidence of compliance with the State Clearinghouse requirements.

Sincerely,

A handwritten signature in cursive script that reads "Sara VanderFeltz".

Sara VanderFeltz
Administrative Assistant

cc: Mid-America



JEAN PETERS BAKER

Jackson County Prosecuting Attorney

July 20, 2021

Sara VanderFeliz
Federal Assistance Clearinghouse
Office of Administration
Capitol Building, Room 125
Jefferson City, Missouri 65102

RE: 2021 Edward Byrne Memorial Justice Assistance Grant Application

Ms. VanderFeliz:

Jackson County, together with the City of Kansas City, City of Independence, City of Grandview and the City of Raytown, will be applying for the FY 2021 Edward Byrne Memorial Justice Assistance Grant. Briefly, this grant provides funding to assist local efforts to prevent or reduce crime and violence. Jackson County will partner with local law enforcement, public sector and community organizations to reduce crime through violent crime and prosecution initiatives. The City of Kansas City will also focus on reducing the incidence of violent crime through the use of the "focused deterrence" model as well as reducing blight in targeted neighborhoods and reducing the recidivism rate of "high risk" individuals through public safety initiatives. The City of Independence, City of Grandview and City of Raytown will purchase law enforcement equipment to further enhance public and officer safety.

Please let me know if you have any questions. The deadline for the grant submission is August 9, 2021.

Thank you for your attention to this matter.

Tina Wise
Budget Supervisor
Jackson County Prosecutor's Office
816.881.3116
twise@jacksongov.org

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: Jackson County, Missouri	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 44-6000524	* c. Organizational DUNS: 8090940920000

d. Address:

* Street1: 415 East 12th Street
Street2: _____
* City: Kansas City
County/Parish: Jackson
* State: MO: Missouri
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 64106-2706

e. Organizational Unit:

Department Name: Prosecutor's Office	Division Name: _____
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.	* First Name: Gina
Middle Name: _____	
* Last Name: Robinson	
Suffix: _____	
Title: Chief of Operations	
Organizational Affiliation: Jackson County, Prosecutor's Office	
* Telephone Number: 816-881-3369	Fax Number: _____
* Email: grobinson@jacksongov.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:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2021-35004

* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

13. Competition Identification Number:

C-BJA-2021-00150-PROD

Title:

Category 2 - Applicants with eligible allocation amounts of \$25,000 or more

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas Affected by 2021 JAG Grant.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Greater Kansas City Crime Prevention Initiatives

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

#14. AREAS AFFECTED BY PROJECT:

Greater Kansas City Metropolitan Area: Jackson County, City of Kansas City, City of Independence, City of Grandview and City of Raytown

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="673,255.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="673,255.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Jackson County, Missouri * Street 1: 415 East 12th Street Street 2: _____ * City: Kansas City State: _____ Zip: 64106-2706 Congressional District, if known: 05, MO		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: Bureau of Justice Assistance	7. * Federal Program Name/Description: Edward Byrne Memorial Justice Assistance Grant Program CFDA Number, if applicable: 16.738	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ 673,255.00	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name NA Middle Name _____ * Last Name NA Suffix _____ * Street 1: 415 East 12th Street Street 2: _____ * City: Kansas City State: _____ Zip: 64106-2706		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name NA Middle Name _____ * Last Name NA Suffix _____ * Street 1: 415 East 12th Street Street 2: _____ * City: Kansas City State: _____ Zip: 64106-2706		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Completed on submission to Grants.gov * Name: Prefix _____ * First Name Jean Middle Name _____ * Last Name Peters Baker Suffix _____ Title: Jackson County Prosecutor Telephone No.: 816-881-3555 Date: Completed on submission to Grants.gov		

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Standard Form - LLL (Rev. 7-97)