

## MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA)

## MEMORANDUM OF UNDERSTANDING

## MIDWEST HIDTA INVESTIGATIVE SUPPORT CENTER INITIATIVE

January 1, 2015 to December 31, 2016  
 Grant #G15MW0003A  
 CFDA number 95.001

FEB 16 2016  
 MARY JO SPINO  
 COUNTY CLERK  
 FILED

The Office of National Drug Control Policy (ONDCP) has awarded HIDTA 2014 funding to federal, state and local law enforcement agencies in the region comprised of the states of Kansas, Missouri, Nebraska, Iowa, South Dakota and North Dakota for the purpose of combating the manufacture and importation of methamphetamine and the disruption of poly-drug trafficking organizations. The Kansas Bureau of Investigation (KBI) has been designated as the fiscal agent for award proceeds to be distributed to state and local agencies participating in the Midwest HIDTA program within Kansas and in selected regional initiatives. These funds shall be used for purposes designated in the MIDWEST HIDTA INVESTIGATIVE SUPPORT CENTER INITIATIVE (Appendix A) and associated budget (Appendix B), as approved by ONDCP.

**Scope of Service**

The services carried out under this Memorandum of Understanding shall be consistent with those contained in the initiative proposal and budget as approved for funding by ONDCP. Changes shall not be made in the subject or the proposed objectives of the initiative without prior written approval from the Midwest HIDTA Executive Director the Midwest HIDTA Executive Committee.

The signatories agree to provide written notice to the KBI and to the Midwest HIDTA Executive Director, at least (30) days in advance of any planned withdrawal from this agreement. In the event of withdrawal from this initiative by any party, all property and equipment acquired with HIDTA funds by the withdrawing party, shall be re-distributed as per Midwest HIDTA policy and procedure. Upon the date specified in the written notice of withdrawal, this agreement shall become void with respect to the agency giving notice but shall remain in effect for all other participants. The KBI shall process all allowable reimbursement requests for the withdrawing agency through the date of the withdrawal.

**Reprogramming of Funds**

Reprogramming of funds within a HIDTA award requires different levels of approval based upon the amount to be reprogrammed and whether the reprogramming is inter-agency or inter-initiative. In all cases the recipient agency is responsible for forwarding a request for authorization for reprogramming to the KBI to be forwarded to the Midwest HIDTA Executive Director and Midwest HIDTA Executive Committee. The recipient agency is also responsible for maintaining detailed records of any reprogramming activities.

**Reporting Requirement**

All participants may be required to prepare a final report of initiative expenditures, which shall be submitted to the KBI within 30 days of the close of the program fiscal year. The financial report will be of a form approved by the KBI and shall contain a listing of expenditures/costs by cost category from the approved initiative budget (Appendix B). The report shall also contain a comparison of actual costs/expenditures against budget estimates. Failure to submit reports on a timely basis may result in the interruption or termination of the initiative funding for your agency. Detailed information on the financial reporting requirements is found in the HIDTA Program Policy and Budget Guidance publication and the Midwest HIDTA Policies and Standard Operating procedures document.

**Program Standards**

Each agency agrees to abide by the standards and rules defined in the HIDTA Program Policy and Budget Guidance publication and the Midwest HIDTA Policies and Standard Operating procedures document as well as all formal written program guidance regarding financial management standards, reporting, records retention, equipment, vehicles, and

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procurement and supplanting requirements for any agency accepting HIDTA funds.

#### **Assurances**

Each agency agrees to abide by the terms and conditions set out in OMB Form 424B, Assurances - Non-Construction Programs (Appendix D) and ONDCP Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Work Place Requirements; Federal Debt Status and Nondiscrimination Statutes and Implementing Regulations (Appendix E). Each agency will also submit a signed OMB form, Disclosure of Lobbying Activities (Appendix F) and will abide by all applicable special conditions included as a part of the award agreement (Appendix H).

#### **Invoicing**

Each agency receiving reimbursements shall invoice once per month, on or about the fifteenth of the month, for expenditures incurred during the prior month. Invoices shall be of a form approved by the KBI (Appendix G) and shall contain a listing of expenditures by category. Each agency shall retain the original supporting documentation and provide a copy to the KBI with the monthly report.

#### **Acceptance**

Acceptance of this MOU by participating agencies is acceptance of all standards and conditions of the HIDTA Award, included as Appendix A, B, C, D, E, F, G, and H.

**Appendix A: Task Force Initiative**

**Appendix B: Task Force Budget**

**Appendix C: Application for Federal Assistance**

**Appendix D: OMB Form 424B, Assurances - Non-Construction Programs**

**Appendix E: ONDCP Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Work Place Requirements; Federal Debt Status and Nondiscrimination Statutes and Implementing Regulations**

**Appendix F: OMB form, Disclosure of Lobbying Activities**

**Appendix G: HIDTA Reimbursement Form**

**Appendix H: HIDTA Award Agreement**

**Fiscal Contact KBI:**

Neet O'Connor  
Kansas Bureau of Investigation  
1620 SW Tyler  
Topeka, Kansas 66612  
785-296-6782  
[neet.oconnor@kbi.state.ks.us](mailto:neet.oconnor@kbi.state.ks.us)

**Project Manager KBI:**

Frank Papish, Assistant Director  
Kansas Bureau of Investigation  
15700 College Blvd. Suite 100  
Lenexa, KS 66219  
913-671-2040

**Fiscal Contact JCOSO:**

Dale Covey, Sargent  
Jackson County Sheriff's Department  
3310 NE Rennau Dr  
Lee's Summit, MO 64064  
816-524-4302 ext 972218

**State Coordinator:**  
**Midwest HIDTA**

David Sankey  
10220 NW Ambassador Dr  
Kansas City, MO 64153  
816-891-5217

**Participating Agencies:**  
**Jackson County Missouri**

Frank White, Jr., County Executive  
Jackson County, Missouri

Date  
3/12/15

Through Jackson County Missouri Sheriff's Office

Michael Sharp  
Michael Sharp, Sheriff

12/12/15  
Date

**Fiscal Agent:**  
**Kansas Bureau of Investigation**

Kirk D. Thompson  
Kirk D. Thompson, Director

2/16/16  
Date

APPROVED AS TO FORM:

By: W. Stephen Nixon  
W. Stephen Nixon, County Counselor

ATTEST BY:

Mary Jo Spino  
Mary Jo Spino, Clerk of the Legislature

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APPENDIX A

**FY 2015 INTELLIGENCE AND INFORMATION SHARING INITIATIVE  
BUDGET PROPOSAL**

**HIDTA:** Midwest  
**INITIATIVE TITLE:** Midwest HIDTA Investigative Support Center  
**LEAD AGENCY(S):** Drug Enforcement Administration  
Kansas City, MO Police Department  
**LOCATION:** Kansas City, MO

**1. INITIATIVE DESCRIPTION**

(Includes initiatives involved in investigative, prosecution, and interdiction activities.)

A. The Midwest HIDTA Investigative Support Center (MHISC) has been operational since 1998 and is co-managed by the Drug Enforcement Administration and the Kansas City, Missouri Police Department. The ISC is a multi-agency coalition consisting of federal, state, and local agencies located within the seven state Midwest HIDTA region. Located in Kansas City, Missouri the MHISC is electronically linked to task force locations and key state agencies in each of the states. The MHISC collects and analyzes information from all Midwest HIDTA task forces and participating task forces and agencies. The MHISC provides event and subject deconfliction services, multi-source name checks, investigative case support, toll analysis, charting, graphic work, post seizure analysis and trend/predictive analysis.

The MHISC continues to develop and expanding its mission to support a seven-state region. Even deconfliction through the Watch Center is fully implemented in many metropolitan areas throughout the region. Expansion to other areas will continue with system expansion steadily increasing each year. The Watch Center is currently manned by elements of the Missouri and Kansas National Guards and the Kansas City, Missouri Police Department.

The MHISC also provides continual evaluation of the threat to the region, identifying changes in patterns and trends. By improving the exchange of intelligence and information through more efficient coordination and communications, the MHISC enhances the ability of federal, state, and local law enforcement agencies to identify, arrest, and prosecute key members of drug trafficking organizations and individuals involved in the clandestine manufacturing of narcotics. Trend and predictive analysis developed by the MHISC assists the Midwest HIDTA Executive Board in utilizing its limited resources more efficiently.

A large portion of the support provided by the MHISC is tactical case support. The MHISC lends support to numerous high profile drug related investigations to include OCDETF, Priority, Regional (RPOT) and Consolidated Priority Investigations (CPOT). Case support is, and will continue to be a high priority for the MHISC.

B. Is this initiative collocated with other HIDTA Initiatives?

Yes  
 No

C. Is this initiative staffed with fulltime federal and fulltime state/local personnel?

Yes  
 No

(If not, attach Program Policy Waiver Request.)

D. Are fulltime members of the initiative collocated and commingled with federal and state/local personnel?

Yes  
 No

(If not, attach Program Policy Waiver Request.)

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APPENDIX B

## Budget Detail

### 2015 - Midwest

Initiative - Midwest HIDTA Investigative Support Center

Award Recipient - Kansas Bureau of Investigation (G15MW0003A)

Resource Recipient - Kansas Bureau of Investigation

| <i>Current Budget (net of reprogrammed funds)</i> | Quantity | Amount                |
|---|----------|-----------------------|
| <b>Personnel</b>                                  |          | <b>\$3,645,894.00</b> |
| Administrative Staff                              | 1        | \$49,650.00           |
| Analyst - Intelligence                            | 7        | \$325,213.00          |
| Director - Deputy                                 | 1        | \$80,904.00           |
| <b>Total Personnel</b>                            |          | <b>\$455,767.00</b>   |
| <b>Fringe</b>                                     | Quantity | Amount                |
| Administrative staff                              | 1        | \$18,012.00           |
| Analyst - Intelligence                            | 6        | \$86,922.00           |
| Director - Deputy                                 | 1        | \$28,422.00           |
| <b>Total Fringe</b>                               |          | <b>\$133,356.00</b>   |
| <b>Travel</b>                                     | Quantity | Amount                |
| Administrative                                    | 9        | \$20,110.00           |
| Investigative/Operational                         | 9        | \$18,466.00           |
| <b>Total Travel</b>                               |          | <b>\$38,576.00</b>    |
| <b>Services</b>                                   | Quantity | Amount                |
| Communications - data lines                       |          | \$3,216.00            |
| Communications - mobile phones & pagers           |          | \$11,286.00           |
| Equipment rentals                                 |          | \$9,360.00            |
| Printing & document support                       |          | \$1,800.00            |
| Service contracts                                 |          | \$1,404.00            |
| Shipping & postage                                |          | \$3,600.00            |
| Software - maintenance                            |          | \$38,709.00           |
| Subscriptions - database                          |          | \$20,268.00           |
| Vehicle lease - passenger                         | 4        | \$28,080.00           |
| <b>Total Services</b>                             |          | <b>\$117,723.00</b>   |
| <b>Supplies</b>                                   | Quantity | Amount                |
| Investigative/Operational                         |          | \$14,400.00           |
| Office  |          | \$8,796.00            |
| <b>Total Supplies</b>                             |          | <b>\$23,196.00</b>    |

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APPENDIX B

## Budget Detail

### 2015 - Midwest

Initiative - Midwest HIDTA Investigative Support Center

Award Recipient - Kansas Bureau of Investigation (G15MW0003A)

Resource Recipient - Kansas Bureau of Investigation

| <i>Current Budget (net of reprogrammed funds)</i> | <b>\$3,645,894.00</b> |
|---|-----------------------|
| Quantity  | Amount                |
| Other   |                       |
| Administrative costs                              | \$350.00              |
| <b>Total Other</b>                                | <b>\$350.00</b>       |
| <b>Total Budget</b>                               | <b>\$768,968.00</b>   |

|   |   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
|---|---|---|-------------------------------|----------|--------------------------------|-----------|--|--------------|-----------------------|-------------|-----------------|---------------|---------------|--------------------|------------------------|---------------------|----------|
| APPLICATION FOR FEDERAL ASSISTANCE  |   | 2. DATE SUBMITTED 03/13/2014  | Applicant Identifier:         |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 1. TYPE OF SUBMISSION   |   | 3. DATE RECEIVED BY STATE   | State Application Identifier  |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| Application<br>- Construction<br><input checked="" type="checkbox"/> Non-Construction   | Pre-application<br>- Construction<br>- Non-Construction | 4. DATE RECEIVED BY FED AGENCY  | Federal Identifier G14MW0003A |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 5. APPLICANT INFORMATION  |   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| LEGAL NAME: Kansas Bureau of Investigation  |   | ORGANIZATIONAL UNIT:  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| Organizational DUNS: 150943496  |   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| ADDRESS (Give city, county, State and Zip Code)<br>Kansas Bureau of Investigation<br>1620 SW Tyler<br>Topeka, KS 66612  |   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Director Dave Barton  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>1486029925L2   |   | 7. TYPE OF APPLICANT: (Enter appropriate letters in box)  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 8. TYPE OF APPLICATION<br>S New      _ Continuation      _ Revision<br>If revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>(Specify) _____   |   | <table> <tr><td>A. State</td><td>H. Independent School District</td></tr> <tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr> <tr><td>C. Municipal</td><td>J. Private University</td></tr> <tr><td>D. Township</td><td>K. Indian Tribe</td></tr> <tr><td>E. Interstate</td><td>L. Individual</td></tr> <tr><td>F. Inter-municipal</td><td>M. Profit Organization</td></tr> <tr><td>G. Special District</td><td>N. Other</td></tr> </table> |                               | A. State | H. Independent School District | B. County | I. State Controlled Institution of Higher Learning | C. Municipal | J. Private University | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Inter-municipal | M. Profit Organization | G. Special District | N. Other |
| A. State  | H. Independent School District                          |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| B. County   | I. State Controlled Institution of Higher Learning      |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| C. Municipal  | J. Private University                                   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| D. Township   | K. Indian Tribe   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| E. Interstate   | L. Individual   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| F. Inter-municipal  | M. Profit Organization                                  |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| G. Special District   | N. Other  |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA):<br>95.001   |   | 9. NAME OF FEDERAL AGENCY ONDCP   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 12. AREAS AFFECTED BY PROJECT<br>(Cities, Counties, States, etc.):  |   | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT<br>Multiple  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 13. PROPOSED PROJECT  |   | 14. CONGRESSIONAL DISTRICTS OF  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| Start Date<br>1/1/2014  | Ending Date<br>12/31/2015                               | a. Applicant  | b. Project                    |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| 15. ESTIMATED FUNDING:  |   | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| a. Federal  | \$3,665,894.00  | <p>a. YES. This preapplication/application was made available to the State Executive order 12372 process for b. Applicant review on: <input type="checkbox"/></p> <p>Date: _____</p> <p>b. No. <input type="checkbox"/> Program is not covered by E.O. 12372<br/><input type="checkbox"/> or program has not been selected by state for review</p>  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| f. Program Income   |   | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| g. Total  | \$3,665,894.00  | <p>Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No</p>   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |   |   |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| a. Type Name of Authorized Representative<br>Kirk D. Thompson   |   | b. Title<br>Director  | c. Telephone                  |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |
| d. Signature of Authorized Representative<br>  |   | e. Date Signed 3/19/2014  |                               |          |                                |           |  |              |                       |             |                 |               |               |                    |                        |                     |          |

## ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program, if you have questions, please contact the awarding agency. Further, certain Federal-awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all record, books, paper, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U. S. C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C. F. R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U. S. C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U. S. C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S. C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P. L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P. L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U. S. C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U. S. C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocations Assistance and Real Property Acquisition Policies Act of 1970 (P. L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U. S. C. 1501-1508 and 7324-7328) which limit the political activities are funded in whole or in part with Federal Funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U. S. C. 276a to 276a-7), the Copeland Act (40 U. S. C. 276c and 18 U. S. C. 874), and the Contract Work Hours and Safety Standards Act (40 U. S. C. 327-333), regarding labor standards for federally assisted construction sub agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176 (c) if the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties) and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions of Higher Learning and other Non-profit Institutions.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

**Subawardee Name and Address:** County Legislature of Jackson County  
415 East 12<sup>th</sup> Street  
Kansas City, MO 64106

**Applicant Number and/or Project Name: G15MW0003A**  
**Midwest HIDTA**  
**Investigative Support Center Initiative**

**Grantee IRS/Vendor Number:** \_\_\_\_\_

Frank White, Jr., County Executive

Type Name & Title of Authorized Representative

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**Signature**

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**Date**

## OFFICE OF NATIONAL DRUG CONTROL POLICY

### CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS

#### Instructions for the certifications

##### General Requirements

The Office of National Drug Control Policy (ONDCP) is required to obtain from all applicants' certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Applicants requesting monies greater than \$100,000 in grants funds must also certify regarding lobbying activities and may be required to submit a "Disclosure of Lobbying Activities" (Standard Form LLL). Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying" and 21 CFR part 1414, Government wide Debarment and Suspension. (Non procurement), Certification Regarding Federal debt Status (OMB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Office of National Drug Control Policy determines to award the covered cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over \$100,000, as defined at 21 CFR Part 1405, the applicant certifies that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTER (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

- A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local ) transaction or contract under a public transaction' violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default; and

- B. Where the applicant is unable to certify to any of the statements in this certification. He or she shall attach an explanation to the application.

#### 2. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

- A. The applicant certifies that it will or will continue to provide a drug free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about

- (1) The dangers of drug abuse in the workplace;
- (2) The applicant's policy of maintaining a drug free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;
- (d) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (e) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (f) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) for an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The Assistance Center, 8401 Northwest 53rd Terrace, suite 200, Miami, Florida 33166. Notice shall include the identification number of each affected grant;
- (g) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency;
  - (h) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- B. The applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific cooperative agreement:

Place of Performance (street address, city, country, state,

zip code)  
Kansas Bureau of Investigation

Check  if there are workplaces on file that are not identified here.

The regulations provide that a recipient that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for ONDCP Funding.

#### **DRUG FREE WORKPLACE (RECIPIENTS WHO ARE INDIVIDUALS)**

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

- A. as a condition of the cooperative agreement, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conjunction with any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction in writing, within 10 calendar days of the conviction, to: The Assistance Center, 8401 Northwest 53rd Terrace, Suite 208, Miami, Florida 33166.

#### **4. CERTIFICATION REGARDING FEDERAL DEBT STATUS (OMB Circular A-129)**

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

#### **5. CERTIFICATION REGARDING THE NONDISCRIMINATIN STATUTES AND IMPLEMENTING REGULATIONS**

The applicant certifies that it will comply with the following nondiscrimination statutes and their implementing regulations: (a) title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972 as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

**Subawardee Name and Address:** County Legislature of Jackson County  
415 East 12<sup>th</sup> Street  
Kansas City, MO 64106

Applicant Number and/or Project Name: G15MW0003A  
Midwest HIDTA  
Investigative Support Center Initiative

**Grantee IRS/Vendor Number:** \_\_\_\_\_

Frank White, Jr., County Executive

Type Name & Title of Authorized Representative

---

**Signature**

Date \_\_\_\_\_

**DISCLOSURE OF LOBBYING ACTIVITIES**  
*Complete this form to disclose activities pursuant to 31 U.S.C. 1352*

|  |  |  |
|--|--|--|
| 1. Type of Federal Action<br><br>a. Contract<br>b. Grant<br><b>X c. Cooperative agreement</b><br>c. Loan<br>d. Loan guarantee<br>e. Loan insurance | 2. Status of Federal Action<br><br>X a. Bid/offer/application<br>b. Initial award<br>c. Post-award   | 3. Report Type<br><br>X a. Initial filing<br>b. material change<br>For Material change only<br>Year:      Quarter:<br>Date of last report: |
| 4. Name and Address of reporting Entity<br><br>Prime <input checked="" type="checkbox"/> Subawardee<br>Tier <i>if known:</i>                       | 5. If reporting entity in No. 4 is Subawardee, Enter Name and address of Prime:<br><br>COUNTY LEGISLATURE OF JACKSON COUNTY<br>415 EAST 12 <sup>TH</sup> STREET<br>KANSAS CITY, MO 64106 |  |
| 6. Federal Department/Agency:<br><br>ONDCP   |  | 7. Federal Program Name/Description:<br><br>HIDTA  |
| 8. Federal Action Number, <i>if known</i><br><br>G15MW0003A  |  | 9. Award Amount, <i>if known</i><br><br>\$58,678 (ISC)   |
| 10. a. Name and Address of Lobbying Entity<br><i>(if individual, list name, first name, MI)</i><br><br>None  | a. Individuals Performing Services (including address if different from No. 10a)<br><br>None<br><br>Continuation Sheet(s) SF-LLL-A, if necessary)  |  |
| 11. b. Form of Payment (check all that apply):<br><br>a. cash<br>b. in-kind; specify: nature<br>value  | 12. Type of Payment (check all that apply)<br><br>a. Retainer<br>b. one-time fee<br>c. commission<br>d. contingent fee<br>e. deferred<br>f. other; specify:                              |  |

|  |
|--|
| 13. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11.<br><br>None<br><br>(attach Continuation Sheet(s) SF-LLL-A, if necessary) |
|--|

|   |
|---|
| 15. Continuation Sheet(s) SF-LLL-A attached:      Yes <input type="checkbox"/> No |
|---|

|   |   |
|---|---|
| 14. 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 this transaction was made or entered into. This disclosure is requested 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: <br><br>Print Name: Frank White, Jr.<br>Title: Jackson County Executive<br>Telephone: 816-881-3333 |
| Federal Use Only:   | Authorized for local reproduction<br>Standard Form - LLL  |

**MIDWEST HIDTA  
Reimbursement Form**

|        |   |  |
|--------|---|--|
| Agency | Jackson County Sheriff's Office<br>3310 NE Rennau Dr, Lee Summit 64064<br><b>44-6000524</b> |  |
| Ord.   |   |  |

|            |              |
|------------|--------------|
| Dept. Code | KBI use only |
|            | Grant #1110  |

Invoice for the month of:  
**May-15**

2015 Funding Year 1/1/15 to 12/31/16

Initiative: Kansas Investigative Support Center G15MW0003A

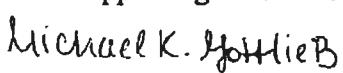
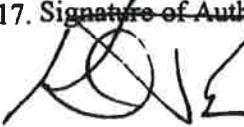
**CFDA #95.001**

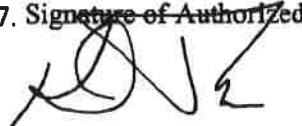
| Category               | 2015 Allocation | Expenditures Through | Balance Available | Expenditures This Period |
|------------------------|-----------------|----------------------|-------------------|--------------------------|
| Salary-Kelly           | \$ 46,618.00    |                      |                   | <b>46,618.00</b>         |
| Travel/Training        | \$ 1,500.00     |                      |                   | <b>1,500.00</b>          |
| Services Vehicle Lease | \$ 7,260.00     |                      |                   | <b>7,260.00</b>          |
| Supplies Fuel          | \$ 3,300.00     |                      |                   | <b>3,300.00</b>          |
| Total                  | \$ 58,678.00    | 0.00                 |                   | <b>58,678.00</b>         |
|                        |                 |                      |                   | -                        |

| Agency Authorization / Date                            | Midwest HIDTA Authorization/Date | KBI Authorization / Date   |
|--|----------------------------------|--|
|  | 816-524-4302                     | (816) 881-3877 fax   |
| Finance Officer Please Print<br>Sgt. Dale L. Covey #29 | ext. 72237                       | <a href="mailto:dcovey@jacksongov.org">dcovey@jacksongov.org</a> |

Please attach all supporting documents

**Appendix G**

|   |  |   |  |
|---|--|---|--|
| <b>Executive Office of the President<br/>Office of National Drug Control Policy</b>   |  | <b>Grant Agreement</b>  |  |
| 1. Recipient Name and Address<br>Director Kirk D. Thompson<br>Kansas Bureau of Investigation<br>1620 SW Tyler<br>Topeka, KS 66612   |  | 4. Award Number: G15MW0003A<br><br>5. Grant Period: From 01/01/2015 to 12/31/2016   |  |
| 1A. Recipient IRS/Vendor No.: 1486029925L2<br><br>Subrecipient Name and Address   |  | 6. Date: 12/15/2014   | 7. Action<br><input checked="" type="checkbox"/> Initial<br><br>Supplemental |
|   |  | 8. Supplement Number  |  |
| 2A. Subrecipient IRS/Vendor No.:  |  | 9. Previous Award Amount:   |  |
| 3. Project Title<br>Multiple  |  | 10. Amount of This Award: \$718,241<br><br>11. Total Award: \$718,241   |  |
| 12. The above Grant is approved subject to such conditions or limitations as are set forth on the five attached pages.<br><br>Consistent with P.L. 113-164, the Continuing Appropriations Resolution, 2015, this document provides a total budget and spending ceiling as reflected in Block 10 of the Grant Award document, which represents funding at a rate of 19.7% of the fiscal year 2014 funding level. Accordingly, the sum of all budgets cannot exceed the award amount reflected in Block 10 of the Grant Award document. The Office of National Drug Control Policy notes that the aforementioned funding level is below requested budget requirements. Additional funding is expected per standard full funding requirements, will be subject to the terms and conditions of this award, and will be made available when enacted. |  |   |  |
| 13. Statutory Authority for Grant: Public Law 113-164   |  |   |  |
| <b>AGENCY APPROVAL</b>  |  | <b>RECIPIENT ACCEPTANCE</b>   |  |
| 14. Typed Name and Title of Approving Official<br>Michael K. Gottlieb<br>National HIDTA Director  |  | 15. Typed Name and Title of Authorized Official<br>Kirk D. Thompson<br>Kansas Bureau of Investigation                                       |  |
| 16. Signature of Approving ONDCP Official<br>  |  | 17. Signature of Authorized Recipient/Date<br> 1/7/2015 |  |
| <b>AGENCY USE ONLY</b>  |  |   |  |
| 18. Accounting Classification Code<br>DUNS: 150943496<br>EIN: 1486029925L2  |  | 19. HIDTA AWARD<br>OND1070DB1516XX OND6113<br>OND2000000000 OC 410001   |  |

|  |  |  |  |
|--|--|--|--|
| <b>Executive Office of the President<br/>Office of National Drug Control Policy</b>  |  | <b>AWARD</b>   | <b>Page 1 of 1</b>   |
| 1. Recipient Name and Address<br>Director Kirk D. Thompson<br>Kansas Bureau of Investigation<br>1620 SW Tyler<br>Topeka, KS 66612  |  | 4. Award Number: G15MW0003A<br><br>5. Grant Period: From 01/01/2015 to 12/31/2016  |  |
| 1A. Subrecipient IRS/Vendor No.<br><br>Subrecipient Name and Address   |  | 6. Date: 2/9/2015<br><br>8. Supplement Number 1  | 7. Action<br><br>Initial<br><br><input checked="" type="checkbox"/> Supplemental |
| 2A. Subrecipient IRS/Vendor No.:   |  | 9. Previous Award Amount: \$718,241.00   |  |
| 3. Project Title   |  | 10. Amount of This Award: \$2,927,653.00<br><br>11. Total Award: \$3,645,894.00  |  |
| 12. • The above grant is approved subject to such conditions or limitation as are set forth in the original Grant.<br><br>• Consistent with P.L. 113-235 / H.R. 83, Consolidated and Further Continuing Appropriations Act, 2015, this Grant Award document provides additional funding in the amount indicated in Block 10. This amount, together with the amount equivalent to 19.7% of the fiscal year 2014 funding level previously made available, as indicated in Block 9, represent the total FY 2015 budget and spending ceiling for this grant, as indicated in Block 11. |  |  |  |
| 13. Statutory Authority for Grant: Public Law 113-235 / H.R. 83  |  |  |  |
| 14. Typed Name and Title of Approving Official<br>Michael K. Gottlieb<br>National HIDTA Director   |  | 15. Typed Name and Title of Authorized Official<br>Kirk D. Thompson<br>Kansas Bureau of Investigation  |  |
| 16. Signature of Approving ONDCP Official<br><br>Michael K. Gottlieb   |  | 17. Signature of Authorized Recipient/Date<br><br> 2/13/2015 |  |
| 18. Accounting Classification Code<br>DUNS: 150943496<br>EIN: 1486029925L2   |  | 19. HIDTA AWARD<br>OND1070DB1516XX OND6113<br>OND2000000000 OC 410001  |  |

## GRANT CONDITIONS

### A. General Provisions

1. This grant is subject to Title 2 of the Code of Federal Regulations, as well as the following:
  - by reference, the provisions of the Office of Management and Budget (OMB) circulars and government-wide common rules applicable to grants and cooperative agreements. These circulars and common rules include the following:
    - OMB Circular A-21 "Cost Principles for Educational Institutions." (Codified at 2 CFR Part 220)
    - OMB Circular A-87 "Cost Principles for State, Local, and Indian Tribal Governments." (Codified at 2 CFR Part 225)
    - OMB Circular A-102 "Grants and Cooperative Agreements with State and Local Governments." (Codified at 21 CFR 1403)
    - OMB Circular A-110 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations." (Codified at 2 CFR Part 215)
    - OMB Circular A-122 "Cost Principles for Nonprofit Organizations." (Codified at 2 CFR Part 230)
    - "Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Units of Governments," (Codified at 21 CFR Part 1403)
    - Grants Management Common Rule for State and Local Units of Governments," (Codified at 21 CFR Part 1404)
    - "Government-wide Debarment and Suspension (Nonprocurement)," (Codified at 21 CFR Part 1404)
    - "Government-wide Requirements for Drug-free Workplace (Financial Assistance)" (Codified at 21 CFR Part 1405)
    - "New Restrictions on Lobbying" (Codified at 28 CFR Part 69)
2. Audits conducted pursuant to OMB Circular A-133, "Audits of State and Local Governments", must be submitted no later than 9 months after the close of the grantee's audited fiscal year. A copy of the audit report and management letter must be sent to:

EOP/ONDCP

Attention: Lisa Newton  
[lnewton@ondcp.eop.gov](mailto:lnewton@ondcp.eop.gov)

3. Grantees are required to submit Federal Financial Reports (FFR) to the Department of Health and Human Services, Division of Payment Management (HHS/DPM). Other reporting requirements are specified in the HIDTA Program Policy and Budget Guidance.
4. The recipient gives the awarding agency or the Government Accountability Office, through any authorized representative, access to, and the right to examine, all paper or electronic records related to the grant.
5. Recipients of HIDTA funds are not agents of ONDCP. Accordingly, the HIDTA, its fiscal agent (s), HIDTA employees, HIDTA contractors, as well as state, local, and federal HDTA participants, either on a collective basis or on a personal level, shall not hold themselves out as being part of, or representing, the Executive Office of the President or ONDCP.
6. The award date of this grant is December 15, 2014. Costs incurred by the grantee between the stated "award date" and starting date of the "grant period," the latter tracking to the more standard full calendar year(s), may be charged by the grantee to this award, if costs were incurred in furtherance of this grant and allowable under applicable cost principles. Such costs should not be charged as "pre-award costs."
7. **Grantees and subgrantees are advised of the new OMB grants "supercircular," Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, some provisions of which may begin to supersede the provisions of pre-existing OMB grants circulars over the term of this grant. ONDCP will also be adopting conforming regulations in 2014. ONDCP will provide you with updates moving forward. For more information about the supercircular, please visit [www.cfo.gov/COFAR](http://www.cfo.gov/COFAR), which includes links to related online training and FAQs.**

**In any case, ONDCP will also accept grants management and administration by "non-federal entities" (the new term for organizations receiving Federal assistance) that conforms to the Omni-Circular requirements from entities that have adopted the Omni-Circular for their programs.**

#### **B. Special Conditions HIDTA Grants**

The following special conditions are incorporated into each award document.

1. This grant is awarded for the initiative(s) named above. Variation from the description of activities approved by ONDCP and/or from the budget attached to this letter must comply with the reprogramming requirements as set forth in ONDCP's HIDTA Program Policy and Budget Guidance.
2. This award is subject to the requirements in ONDCP's HIDTA Program Policy and Budget Guidance.
3. No HIDTA funds shall be used to supplant state or local funds that would otherwise be made available for the same purposes.

4. The requirements of 28 CFR Part 23, which pertain to information collection and management of criminal intelligence systems, shall apply to any such systems supported by this award.
5. Special accounting and control procedures must govern the use and handling of HIDTA Program funds for confidential expenditures; i.e. the purchase of information, evidence, and services for undercover operations. Those procedures are described in Section 6-12 of the HIDTA Program Policy and Budget Guidance.
6. The grant recipient agrees to account for and use program income in accordance with the "Common Rule" and the HIDTA Program Policy and Budget Guidance. Asset forfeiture proceeds generated by the HIDTA-funded initiatives shall not be considered as program income earned by HIDTA grantees.
7. Property acquired with these HIDTA grant funds is to be used for activities of the Midwest. If your agency acquires property with these funds and then ceases to participate in the HIDTA, this equipment must be made available to the HIDTA's Executive Board for use by other HIDTA participants.
8. All law enforcement entities that receive funds from this grant must report all methamphetamine laboratory seizure data to the National Clandestine Laboratory Database/National Seizure System at the El Paso Intelligence Center.

**C. Payment Basis**

1. A request for Advance or Reimbursement shall be made using the HHS/DPM system ([www.dpm.psc.gov](http://www.dpm.psc.gov)). Copies of invoices or payroll registers must accompany the payment confirmation number to provide documentation for the reimbursement request. Requests for advances must be accompanied by details specifying the need for the advance. Documentation of how the advance was spent must be submitted within 21 days and before another advance or reimbursement will be approved.
2. The HIDTAs, or their respective grantees, must utilize the HIDTA program Financial Management System's (FMS) Disbursement module each time they submit a disbursement request to the NHAC. Requests for payment in the DPM system will not be approved unless the required disbursements have been entered into the FMS. Payments will be made via Electronic Fund Transfer to the award recipient's bank account. The bank must be FDIC insured. The account must be interest bearing.
3. Except for interest earned on advances of funds exempt under the Intergovernmental Cooperation Act (31 U.S.C. 6501 et seq.) and the Indian Self-Determination Act (23 U.S.C. 450), grantees and subgrantees shall promptly, but at least quarterly, remit interest earned on advances to HHS/DPM at the address provided below. When submitting your checks, please provide a detailed explanation which should include: reason for check (remittance of interest earned on HIDTA advance payments), check number, grantee name, grant number, interest period covered, and contact name and number.

Ms. Regenia Mitchell  
Division of Payment Management  
Department of Health and Human Services

4. The grantee or subgrantee may keep interest amounts up to \$100 per year for administrative purposes.

**RECIPIENT ACCEPTANCE OF GRANT CONDITIONS**

Signature:  Date: \_\_\_\_\_

Name: Frank White, Jr., County Executive

Organization: County Legislature of Jackson County