

LEGISLATIVE #

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CITY OF GAINESVILLE
DECENTRALIZED PROJECT TRANSMITTAL

Not to exceed \$50,000

Today's Date: 7/27/2011
Anticipated Project/Service Start Date: 8/15/2011
Department Name: Gainesville Police Department
Project Manager: Lt. Matt Nechodom
Phone Number: _____
Subcontractor Opportunities: ☐ Yes ☒ No

Dept Tracking # GPDC11031
Account No.: _____
Project Amount: \$ _____
PD/PDQ #: _____
Funding Source: ☐ City Funds ☐ Other: _____
Provide Other source: _____

Contractor/Vendor: Alachua County Sheriff's Office

Project Description: MOU Regarding H.B. 7095 Funding between ACSO and GPD

Type of Action Requested (check one) ☒ New ☐ Extension ☐ Amendment ☐ Change Order

PROJECT APPROVED FOR PROCESSING

[Signature] / 7-28-11
Project Manager
[Signature] / 8-1-11
Department Head

As Project Manager, the City's liaison, you are responsible for monitoring the project. Including, visibly verifying progress and completion is in accordance with the project specifications.

Leadership Team, Executive Team or Charter Officer / Date

SIMULTANEOUS PROJECT REVIEW

The requested reviewers are noted by an "X" below. Each should complete his/her review and return the project comments directly to the Department. Note: Review and subsequent approval is required of the City Attorney, Risk Manager and Local Small Business Procurement Program for all projects. Allow a minimum of three days for Department review.

REVIEWER COMMENTS

The attached project has been reviewed by me and approved as drafted OR subject to modifications as noted.

	Reviewing Office	As Drafted	Subject To	Signature	Date
X	City Attorney (As to form and legality)	X		<u>[Signature]</u>	<u>8/1/11</u>
X	Risk Manager (Risk/Insurance Coverage)			<u>N/A</u>	
X	SBPP (Small Business Procurement Program)			<u>N/A</u>	
	Treasury (If a revenue Project)				
	Grants (If a grant)				
	Finance (If financial document)				

Department shall determine that all items marked "subject to" are cleared before final submission of the project below.

To Contractor for Signature Date: 8/4/11
To City Attorney Date: 8/2/11

Received From Contractor Date: _____
To City Manager Date: _____

Is City Commission approval required for this request? ☐ No ☒ Yes Date Approved _____

City Commission required for purchases \$50,000 or greater unless specifically stated as an exemption within the Purchasing Policy, Section 7.

PROJECT APPROVED FOR EXECUTION: Note: Decentralized Projects not to exceed \$50,000

[Signature] / 8/2/11
City Attorney Date

City Manager or Designee Date

**MEMORANDUM OF UNDERSTANDING REGARDING H.B. 7095 FUNDING
BETWEEN
THE ALACHUA COUNTY SHERIFF'S OFFICE
AND
THE GAINESVILLE POLICE DEPARTMENT**

THIS AGREEMENT is made and entered into this 5th day of August, 2011, by and between the Sheriff of Alachua County, Florida (Sheriff), and the Gainesville Police Department (Agency);

WHEREAS, the 2011 Florida Legislature appropriated the amount of three million dollars to be used by Florida law enforcement agencies to be used to meet overtime expenses in quarantining Schedule II and Schedule III inventory held by dispensing practitioners and to investigate and prosecute crimes related to prescribed controlled substances; and

WHEREAS, the Sheriff has agreed to act as the Regional Task Force fiduciary and fiscal agent to administer funds from the Florida Department of Law Enforcement for the Region III Drug Strike Force for reimbursement to other law enforcement agencies in Region III; and

WHEREAS, the Region III Drug Strike Force has implemented protocols governing the expenditures of monies allocated to Region III;

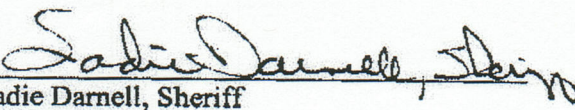
NOW, THEREFORE, the parties agree as follows:

1. Agency will complete the form entitled "Alachua County Sheriff's Office Prescription Pill Strike Force Regional III Authorization to Proceed with Investigation" (Attachment A) and send this form to NFHIDTA at the e-mail address listed on the form.
2. NFHIDTA will review the information and, if verified, will forward the Authorization form to the Captain of the Alachua County Sheriff's Office Criminal Investigations Division, who has final authorization authority.

3. Agency shall seek reimbursement only if authorization has been received.
4. Requests for reimbursement for overtime wages, benefits and expenses must comply with Regional III protocols and be submitted on the invoice form attached to this MOU as Attachment "B," to the Alachua County Sheriff's Office, Accounting and Budget Bureau, P.O. Box 1210, Gainesville, FL 32602-1210. Agency's case number must be listed on the invoice.
5. To be eligible for reimbursement of overtime, Agency must provide a copy of its overtime policy and rules to the Accounting and Budget Bureau. All invoices must include timesheets signed by both the employee and the employee's supervisor as well as copies of pay stubs. Expenditures eligible for reimbursement are overtime pay in accordance with agency's overtime rules, including all FICA, pension and Workers' Compensation insurance costs. Overtime or expenses incurred prior to authorization will not be eligible for reimbursement.

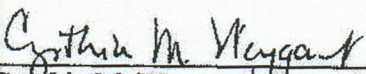
IN WITNESS WHEREOF, the parties hereto cause this agreement to be signed by their duly authorized officials.

ALACHUA COUNTY SHERIFF


Sadie Darnell, Sheriff


Date: 8/14

Approved as to Form and Legality:


Cynthia M. Weygant, General Counsel

Date: August 4, 2011

GAINESVILLE POLICE DEPARTMENT

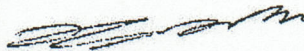


Tony R. Jones, Chief of Police

Date: _____

8-2-11

Approved as to Form and Legality:



Thomas B. Arden, Assistant City Attorney II

Date: _____

8/2/11