

GA-33-18



City of Annapolis
Office of the Mayor
160 Duke of Gloucester Street
Annapolis, MD 21401-2517

Mayor@annapolis.gov • 410-263-7997 • Fax 410-216-9284 • TDD use MD Relay or 711 • www.annapolis.gov

Grant Briefing Document

From:

Name Captain Christopher Amoia

Phone 410-268-9000

Department Annapolis Police Department

This grant is New Annual/Repeating

This is a request to:

Review, approve, and/or sign a grant agreement/award

Other _____

Grant title Overtime for AA County Tobacco Sales Compliance Project

Grantor Anne Arundel County Department of Health

Amount \$ 5000

Attestation:

Match is *not* required.

Match is required. Match will be met in the form of e.g. cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency. _____

Director's signature [Signature]

Date 1/30/18

Department Annapolis Police Department

Routing

	Initials	Date In	Date Out	Comments
<input checked="" type="checkbox"/> Originating Dept Director				
<input checked="" type="checkbox"/> Grants Coordinator	NDP	1/30	1/30	Additional \$5,000 (GA-21-18)
<input checked="" type="checkbox"/> Finance Director	BAK	1/30		
<input checked="" type="checkbox"/> City Attorney				Asst. signed 1/26/2018
<input checked="" type="checkbox"/> City Manager	[Signature]	1/31	1/31	
<input checked="" type="checkbox"/> Mayor	NB	2/1/18		
<input checked="" type="checkbox"/> City Clerk	[Signature]	2/1/18		
<input checked="" type="checkbox"/> Finance Committee				
<input type="checkbox"/> Finance Dept				
<input type="checkbox"/> Return to Originating Department				

Grant period July 1, 2017 to June 30, 2018 Amount of request or award \$5000

Due dates June 30, 2018

Provide a short narrative, including program description, purpose of funds and special features, e.g., environmental impact implications, notarization required.

**** Adjustment to initial grant approval of GA 21-18 on October 23, 2017 to increase grant funding an additional \$5,000****

the Annapolis Police department has a continuing partnership with the Anne Arundel County Department of Health to address underage cigarette sales and use through public awareness and enforcement efforts. The Anne Arundel County Department of Health initially awarded the Annapolis Police Department \$5,000 for Fiscal year 2018 to conduct tobacco sales compliance checks utilizing underage youths and issue citations when violations occur. The Anne Arundel County Department of Health has awarded the Annapolis Police Department an additional \$5,000 to off set costs associated with efforts to combat underage tobacco sales and use. The total funding for FY18 will be \$10,000. The funds will be used for police officer overtime. The grant period is July 1, 2017 to June 30, 2018.



GRANT BUDGET FORM

1/30/2018

Grant Title Overtime for AA County Tobacco Sales Compliance Project

Grant Award (\$) 5,000.00

Originating Department(s): Police Department

Dept Contact (Name/Phone): Captain Christopher Armoia/410-268-9000

Expenditure Account	Revenue Source				Total per Expend. Type	Comments
	Federal	<u>County</u> State	Local (Matching)	Other		
Salaries					0.00	
Benefits					0.00	
Overtime		<u>5,000</u>			5,000.00	Officer OT
Supplies					0.00	
Telephone					0.00	
Electricity					0.00	
Fuel and Oil					0.00	
Training & Education					0.00	
R & M - Equipment					0.00	
Special Programs					0.00	
Contract Services					0.00	
Capital Outlay					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
Total		5,000.00	0.00	0.00	5,000.00	

TOTAL EXPENDITURES*: 5,000.00

* May be different from Grant Award \$ if there is a match requirement.

Match is ~~not~~ required.

[Signature]
Department Director Signature/Date

Department

Match is required. Match will be met in the form of ⁽¹⁾ _____

I attest that this asset has been approved/appropriated in ⁽²⁾ _____

Department Director Signature/Date

Department

COMMENTS:

This \$5000 is in addition to the previous \$5000 award GA 21-18 that was approved on October 23, 2017. Total grant award is \$10,000.

⁽¹⁾ Examples (include dollar amounts if applicable): Cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.
⁽²⁾ Examples: FY __ operating budget, a memorandum of understanding, City Council resolution/ordinance.

GRANT AGREEMENT ADDENDUM

THIS ADDENDUM TO GRANT AGREEMENT ("Agreement"), made this 1st day of February, 2018, by and between the ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH ("AACDOH"), as an agency or instrumentality of Maryland State Government, and the CITY OF ANNAPOLIS on behalf of the ANNAPOLIS POLICE DEPARTMENT (the "Sub-Grantee").

WHEREAS, the AACDOH and the Sub-Grantee are parties to a Grant Agreement dated December 7, 2017 (the "Grant Agreement");

WHEREAS, the additional tasks and clarification required the AACDOH to further review responsibilities of each agency;

WHEREAS, the AACDOH and the Sub-Grantee are desirous of amending the grant award of the Grant Agreement;

NOW, THEREFORE, in consideration of the mutual promises contained herein, the AACDOH and the Sub-Grantee agree as follows:

1. The AACDOH awarded the Sub-Grantee the sum of five thousand dollars (\$5,000) in an agreement dated December 7, 2017. The AACDOH would like to award additional funds to the Sub-Grantee in the amount of five thousand dollars (\$5,000). Section 1 of the Grant Agreement entitled "THE GRANT" is hereby amended to read as follows: "The AACDOH hereby grants to the Sub-Grantee the sum of ten thousand dollars (\$10,000) (the "Grant") for approved costs. The Grant shall be disbursed upon complete approval of the grant agreement and upon receipt of a proper Request for Payment (Attachment B) from the Sub-Grantee. Stipend to the Sub-Grantee will cover overtime pay, product purchase and paying youth under the age of 18 for undercover tobacco sales in Annapolis City and Anne Arundel County."
2. Section 3 of the Grant Agreement entitled "RESPONSIBILITIES" is hereby to read as follows:
 - A. Responsibilities of the Sub-Grantee:
 1. Sign and return grant agreement between the AACDOH and Sub-Grantee.
 2. Conduct tobacco sales compliance checks using underage youth and issuing citations when violations occur. Tobacco sales to minors is a criminal offense of Maryland Criminal Law Code Section 10-107. Electronic nicotine delivery systems (ENDS) sales to minors is a civil offense of Maryland Health General Code Section 24-305.

3. Publicize the compliance checks through a press release issued by PIO, which names the retailers checked and the outcome.
4. Complete report form (Revised Attachment A) and submit within 30 days of compliance check operation.
5. Complete second compliance check of failed retailers within 60 days of initial violation and report result to AACDOH within 30 days of second compliance check operation or request the County Sheriff's Office to conduct the second compliance check.
6. Submit Request for Payment (Attachment B) after each tobacco or ENDS compliance check operation. Final submission must be no later than July 10, 2018.

B. Responsibilities of the AACDOH:

1. Execute grant agreement between AACDOH and the Sub-Grantee and provide a copy.
 2. Send congratulation letters to retailers who passed the tobacco or ENDS sales compliance check.
 3. Send letters noting violation to those retailers who failed the tobacco or ENDS sales compliance check.
 4. Review and submit Request for Payment to AACDOH Finance office for payment within five (5) days of receipt.
 5. Ensure that information regarding tobacco or ENDS retailers with two or more violations is forwarded to the Comptroller of Maryland Office.
 6. Provide oversight and consultation to mini-grantee, as applicable.
3. Information regarding civil citation for tobacco enforcement (Maryland Health General Code Section 24-307) that was included in THE GRANT is to be ignored.
 4. That all other terms of the Grant Agreement will remain in full force and effect.

IN WITNESS WHEREOF, the parties do hereby set their hands and seals on the date and year first above written.

ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH

Witness

BY: _____
Frances B. Phillips, RN, MHA
Acting Health Officer

CITY OF ANNAPOLIS



Regina C. Watkins-Eldridge, MMC,
City Clerk

BY: 

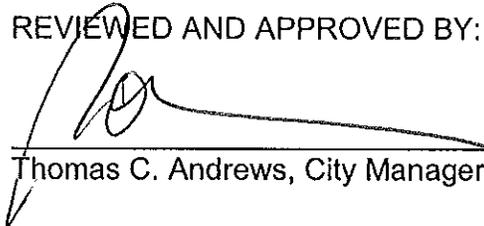
Gavin Buckley, Mayor (Seal)

APPROVED FOR FINANCIAL SUFFICIENCY:



Bruce T. Miller, Director
Finance Department

REVIEWED AND APPROVED BY:



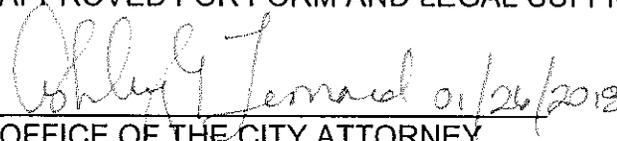
Thomas C. Andrews, City Manager

REVIEWED AND APPROVED BY:



Major Scott Baker, Chief
Annapolis Police Department

APPROVED FOR FORM AND LEGAL SUFFICIENCY:



OFFICE OF THE CITY ATTORNEY

Attachment A

Tobacco Sales Compliance Checks – Partnership with AACDOH and Local Law Enforcement
Tobacco Enforcement (budget code GH1673)

12/8/17

	Date of Visit	Time of Visit	Name of Store and Address	Pass/Fail? (Check one)		Type of product purchased?					Cited Code (Check one)		Who received citation? (Check all that apply)		Name of Clerk/ Owner Cited Case Number	
				Pass	Fail	Cigarettes	Chew/Dip	Cigars/Cigillos	E-cigarettes	Other	Tobacco Criminal Law 10-107	E-cigs Civil Citation Health Gen 24-305	Clerk	Owner		
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Instructions: Complete all information on this form. Report compliance checks operation and submit form to AACDOH within 30 days. Recheck failed retailers within 60 days or provide information to Anne Arundel County Sheriff's Office.

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1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH

Witness

BY: _____
Frances B. Phillips, RN, MHA
Acting Health Officer

CITY OF ANNAPOLIS



Regina C. Watkins-Eldridge, MMC,
City Clerk

BY: 

Gavin Buckley, Mayor (Seal)

APPROVED FOR FINANCIAL SUFFICIENCY:



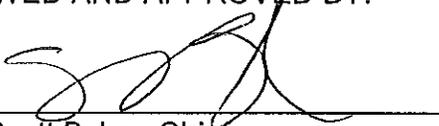
Bruce T. Miller, Director
Finance Department

REVIEWED AND APPROVED BY:



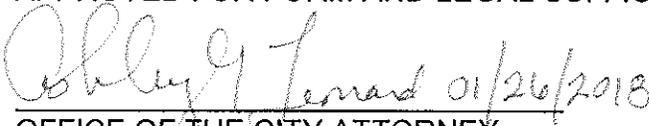
Thomas C. Andrews, City Manager

REVIEWED AND APPROVED BY:



Major Scott Baker, Chief
Annapolis Police Department

APPROVED FOR FORM AND LEGAL SUFFICIENCY:



OFFICE OF THE CITY ATTORNEY