



District Attorney
COUNTY OF TULARE
AGENDA ITEM

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
J. STEVEN WORTHLEY
District Four
MIKE ENNIS
District Five

AGENDA DATE: October 31, 2017

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Dan Underwood PHONE: 636-5494				

SUBJECT: Authorize alternative signature and user authority.

REQUEST(S):

That the Board of Supervisors:

1. Authorize the Chairman of the Board to sign the attached Alternate Signature/Grant Electronic Management System User Authority form to designate the District Attorney and authorized staff to administer the Alcohol and Drug Impaired Driver Vertical Prosecution Program, for previously authorized Tulare County Agreement No. 28326.

SUMMARY:

The State of California Office of Traffic Safety (OTS) recently awarded an Alcohol and Drug Impaired Driver Vertical Prosecution Program grant to the Office of the District Attorney, which your Board approved September 26, 2017.

OTS currently recognizes only the authorizing official listed on the grant award as the individual who can sign grant-related documents and can access the Grant Electronic Management System (GEMS) for all matter relating to the grant.

The attached Alternate Signature/GEMS User Authority form gives District Attorney staff permission to sign documents on behalf of the organization, and to utilize the GEMS system to submit quarterly performance reports and reimbursement claims, among other grant related duties.

FISCAL IMPACT/FINANCING:

There is no fiscal impact associated with this request.

SUBJECT: Authorize alternative signature and user authority.

DATE: October 31, 2017

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year Strategic Business Plan and Management System include Safety and Security initiatives to provide for the safety and security of the public. One of the grant's goals is to increase the number of alcohol- and drug-involved cases filed and prosecuted, which is in alignment with that initiative.

ADMINISTRATIVE SIGN-OFF:

Dan Underwood
Chief Deputy District Attorney

Cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachments: OTS 55 - Alternate Signature/GEMS User Authority form

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

**IN THE MATTER OF AUTHORIZE
ALTERNATIVE SIGNATURE AND
USER AUTHORITY**

)
) Resolution No. _____
) Agreement No. _____
)
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Authorized the Chairman of the Board to sign the attached Alternate Signature/Grant Electronic Management System User Authority form to designate the District Attorney and authorized staff to administer the Alcohol and Drug Impaired Driver Vertical Prosecution Program, for previously authorized Tulare County Agreement No. 28326.

Alternate Signature / GEMS User Authority

OTS-35 (New 10/17)

INSTRUCTIONS:

1. The Grantee Authorizing Official listed on Page 1 of the grant agreement may submit this form to OTS requesting delegation and signature / Grant Electronic Management System (GEMS) user authority for one or more of their employees to be an authorized individual on a grant.
2. Submit one Alternate Signature / GEMS User Authority form per grant.
3. All individuals listed on this form will be authorized to sign documents on behalf of their organization and will be able to log into GEMS for all matters relating to the OTS grant, including, but not limited to, completing and submitting Quarterly Performance Reports (QPRs) and reimbursement claims.
4. Each grant is allowed a total of five (5) authorized signatories / GEMS users (including the Authorizing Official).
5. Complete the information below.
6. Email the completed form to: Grants@ots.ca.gov
7. Retain the original form in your OTS grant file.
8. If there are any changes in alternate authorized signatories / GEMS users after this form has been submitted, please submit a new form indicating changes.

As the Authorizing Official for OTS Grant # DU18029

I hereby authorize the following individual(s) to represent and have signature / GEMS user authority for all matters related to the above referenced grant.

Signature - Authorizing Official of Above Referenced Grant _____ Date _____

Pete Vaander Puel _____ Chairman _____
Print Name Title

Tulare County Board of Supervisors _____
Agency

Alternate Signatures / GEMS User Authority:

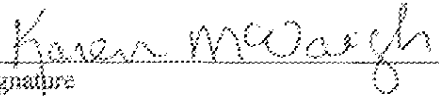
Darlene Tyndal _____ *10/19/17* _____
Signature Date


Darlene Tyndal _____ Grants & Program Coordinator _____
Print Name Title

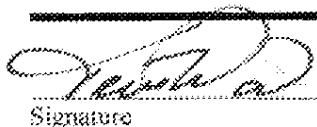
dtyndal@co.tulare.ca.us _____ (559) 205-1011 _____
Email Address Phone

Office of the Tulare County District Attorney _____
Agency

STATE OF CALIFORNIA • OFFICE OF TRAFFIC SAFETY
Alternate Signature / GEMS User Authority
OTS-55 (New 10/17)


Signature _____ Date 10/17/17
Karen McVaigh _____ Administrative Services Officer III
Print Name _____ Title
kmcvaigh@co.tulare.ca.us _____ (559) 205-1003
Email Address _____ Phone
Office of the Tulare County District Attorney
Agency _____


Signature _____ Date 10/17/17
Joshua Schreiner _____ Accountant III
Print Name _____ Title
jschreiner@co.tulare.ca.us _____ (559) 205-1010
Email Address _____ Phone
Office of the Tulare County District Attorney
Agency _____


Signature _____ Date 10/17/17
Dix Ward _____ District Attorney
Print Name _____ Title
tward@co.tulare.ca.us _____ (559) 636-5494
Email Address _____ Phone
Office of the Tulare County District Attorney
Agency _____
