Cm2383 OMB Number 1123-0011 Expires November 1



Equitable Sharing Agreement and Certification



NCIC/ORI/Tracking Number: FL0450000 Agency Name: Nassau County Sheriff's Office Mailing Address: 76001 Bobby Moore Circle Yulee FL 32097

Type: Sheriff's Office

Finance Contact Name: Reynolds, H. Allan Phone: 9045484039

ESAC Preparer Name: Reynolds, H. Allan Phone: 904-548-4039

Last FY End Date: 9/30/2016

Email:areynolds@nassauso.com

Email:areynolds@nassauso.com

Agency Current FY Budget: \$18,509,152.00

Annual Certification Report

| Summary of Equitable Sharing Activity | | Justice Funds ¹ Treasury Funds | | |
|---------------------------------------|---|---|--------|--|
| 1 | Begining Equitable Sharing Fund Balance (Must match Ending Balance from prior FY) | \$8,792.21 | \$0.00 | |
| 2 | Equitable Sharing Funds Received | \$45,141.57 | \$0.00 | |
| 3 | Equitable Sharing Funds Received from Other Law Enforcement Agencies and Task Force (Complete Table B) | \$0.00 | \$0.00 | |
| 4 | Other Income | \$2,714.00 | \$0.00 | |
| 5 | Interest Income | \$2.80 | \$0.00 | |
| 6 | Total Equitable Sharing Funds Received (total of lines 1-5) | \$56,650.58 | \$0.00 | |
| 7 | Equitable Sharing Funds Spent (total of lines a - n below) | \$3,730.00 | \$0.00 | |
| 8 | Ending Equitable Sharing Funds Balance (difference between line 7 and line 6) | \$52,920.58 | \$0.00 | |

¹Department of Justice Asset Forfeiture Program participants are: FBI, DEA, ATF, USPIS, USDA, DCSIS, DSS and FDA ²Department of the Treasury Asset Forfeiture Program participants are: IRS, ICE, CBP and USSS.

| | Summary of Shared Funds Spent | Justice Funds | Treasury Funds |
|---|---|---------------|----------------|
| a | Law enforcement operations and investigations | \$0.00 | \$0.00 |
| b | Training and education | \$0.00 | \$0.00 |
| c | Law enforcement, public safety and detention facilities | \$0.00 | \$0.00 |
| d | Law enforcement equipment | \$3,730.00 | \$0.00 |
| e | Joint law enforcement/public safety operations | \$0.00 | \$0.00 |
| f | Contracting for services | \$0.00 | \$0.00 |
| g | Law enforcement travel and per diem | \$0.00 | \$0.00 |
| h | Law enforcement awards and memorials | \$0.00 | \$0.00 |
| i | Drug, gang and other education or awareness programs | \$0.00 | \$0.00 |
| j | Matching grants (Complete Table C) | \$0.00 | \$0.00 |
| k | Transfers to other participating law enforcement agencies (Complete Table D) | \$0.00 | \$0.00 |
| Π | Support of community-based programs (Complete Table E) | \$0.00 | |
| m | Non-categorized expenditures (Complete Table F) | \$0.00 | \$0.00 |
| n | Salaries (Complete Table G) | \$0.00 | \$0.00 |
| | Total | \$3,730.00 | \$0.00 |

Table B: Equitable Sharing Funds Received From Other Agencies

| Transferring Agency Name | Justice Funds | Treasury Funds |
|--------------------------|---------------|----------------|
| | | |
| | | |

Table C: Matching Grants

| Matching Grant Name | Justice Funds | Treasury Funds | | |
|---------------------|---------------|----------------|--|--|
| | | | | |

Table D: Transfers to Other Participating Law Enforcement Agencies

| Receiving Agency Name | Justice Funds | Treasury Funds |
|-----------------------|---------------|----------------|
| | | |
| | | |

Table E: Support of Community-based Programs

| Recipient | Justice Funds | |
|-----------|---------------|--|
| | | |

Table F: Non-categorized expenditures in (a) - (n) Above

| Description | Justice Funds | Treasury Funds | | |
|-------------|---------------|----------------|--|--|
| | | | | |

Table G: Salaries

| Salary Type | Justice Funds | Treasury Funds | | | | |
|---|--|---|--|--|--|--|
| | | | | | | |
| Paperwork Reduction Act Notice | | | | | | |
| Under the Paperwork Reduction Act, a person is not required to OMB control number. We try to create accurate and easily under complete. The estimated average time to complete this form is estimate, or suggestions for making this form simpler, please w 1400 New York Avenue, N.W., Washington, DC 20005. | erstood forms that impose the lea 30 minutes. If you have comment | st possible burden on you to is regarding the accuracy of this | | | | |

Did your agency purchase any controlled equipment?
YES X NO

Affidavit

Under penalty of periury, the undersigned officials certify that they have read and understand their obligations under the Equitable Sharing Agreement and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the Guide during the reporting period and that the recipient Agency is compliant with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient Agency is compliant with the applicable nondiscrimination requirements of the followinc laws and their implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seg.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

During the past fiscal year: (1) has any court or administrative agency issued any finding. judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?

> X No ☐ Yes

Agency Head

Bin gur Name: Leeper, Bill Title: Sheriff Email: bleeper@nassauso.com

Governing Body Head

Name: Boatright, Walter J.

Title: Chair, County Commission Email: wboatright@nassaucountyfl.com

To the best of my knowledge and belief, the information provided on this form is true and accurate and has been duly reviewed and authorized by the Law Enforcement Agency Head and the Governing Body Head whose names appear above. Their typed names indicate their acceptance of and their agreement to abide by the policies and procedures set forth in the Guide to Equitable Sharing for State and Local Law Enforcement Agencies, this Equitable Sharing Agreement, and any policies or procedures issued by the Department of Justice or the Department of the Treasury related to the Asset Forfeiture or Equitable Sharing Programs.

I certify that I am authorized to submit this form on behalf of the Agency Head and the Governing Body Head.

NASSAU COUNTY SHERIFF'S OFFICE

YEAR-TO-DATE BUDGET REPORT

NASSAU COUNTY SHERIFF'S OFFICE

| FOR 2016 13 | | | | | | | |
|---|--------------------|----------------------|-------------------|--------------------|------------|---------------------|------------------|
| | ORIGINAL APPROP | TRANFRS/ ADJSTMTS | REVISED BUDGET | YTD ACTUAL | ENC/REQ | AVAILABLE BUDGET | PCT USED |
| 10552160 4389 CASH CARRY FORWARD | -8,792 | 0 | -8,792 | .00 | .00 | -8,792.21 | . 0%* |
| TOTAL UNDEFINED CHAR | -8,792 | 0 | -8,792 | .00 | .00 | -8,792.21 | . 0% |
| TOTAL REVENUES | -8,792 | 0 | -8,792 | .00 | .00 | -8,792.21 | |
| 33 INTERGOVERNMENTAL | | | | | | | |
| 10552160 4330 INTERGOVERNMENTAL RE | 0 | -45,142 | -45,142 | -45,141.57 | .00 | .00 | 100.0% |
| TOTAL INTERGOVERNMENTAL | 0 | -45,142 | -45,142 | -45,141.57 | .00 | .00 | 100.0% |
| TOTAL REVENUES | 0 | -45,142 | -45,142 | -45,141.57 | .00 | .00 | |
| 38 MISCELLANEOUS REVENU | | | | | | | |
| 10552160 4364 SALE OF FIXED ASSETS 10552160 43891 INTEREST REVENUE | 0 0 | -2,714 -3 | -2,714 -3 | -2,714.00 -2.80 | .00 .00 | .00 .00 | 100.0% 100.0% |
| TOTAL MISCELLANEOUS REVENU | 0 | -2,717 | -2,717 | -2,716.80 | .00 | .00 | 100.0% |
| TOTAL REVENUES | 0 | -2,717 | -2,717 | -2,716.80 | .00 | .00 | |
| 53 OPERATING | | | | | | | |
| 10552160 5520 OPERATING SUPPLIES | 8,792 | 47,858 | 56,651 | 3,730.00 | .00 | 52,920.58 | 6.6% |
| TOTAL OPERATING | 8,792 | 47,858 | 56,651 | 3,730.00 | .00 | 52,920.58 | 6.6% |
| TOTAL EXPENSES | 8,792 | 47,858 | 56,651 | 3,730.00 | .00 | 52,920.58 | |
| GRAND TOTAL | 0 | 0 | 0 | -44,128.37 | .00 | 44,128.37 | 100.0% |

** END OF REPORT - Generated by Allan Reynolds **