



Bureau of Justice  
2014 Justice Assistance Grant Application  
J.A.G

For

Concord Police Department  
City of Concord, NC

Cabarrus County Sheriff Department  
Cabarrus County, NC

Prepared by  
Captain Betty M. C. Stocks  
Concord Police Department

June 2014

## Table of Contents

Standard Form 424 (Copy)

### Program Narratives

Concord Police Department

Cabarrus County Sheriff Department

### Budgets and Budget Narratives

Concord Police Department

Cabarrus County Sheriff Department

Review Narrative

Abstract Narrative

Memorandum of Understanding (Copy)

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: City of Concord		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 56-60001207		*c. Organizational DUNS: 079067484
<b>d. Address:</b>		
*Street 1:	<u>26 Union Street S.</u>	
Street 2:	_____	
*City:	<u>Concord</u>	
County:	<u>Cabarrus</u>	
*State:	<u>NC</u>	
Province:	_____	
*Country:	<u>United States of America</u>	
*Zip / Postal Code	<u>28025</u>	
<b>e. Organizational Unit:</b>		
Department Name: Concord Police Department		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Mr.</u>	*First Name: <u>Guy</u>
Middle Name:	<u>Hoover</u>	
*Last Name:	<u>Smith</u>	
Suffix:	_____	
Title:	Chief of Police	
Organizational Affiliation: Concord Police Department		
*Telephone Number: 704-920-5007		Fax Number: 704-920-6970
*Email: smithg@concordnc.gov		

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Justice

**11. Catalog of Federal Domestic Assistance Number:**

16.738 \_\_\_\_\_

CFDA Title:

FY2014 Edward Byrne Memorial Justice Assistance Grant (JAG) Local Allocation Grant Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

BJA-2014- Unknown \_\_\_\_\_

\*Title:

FY 2014 Edward Byrne Memorial Justice Assistance Grant (JAG) Local Program \_\_\_\_\_

**13. Competition Identification Number:**

N/A \_\_\_\_\_

Title:

N/A \_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Concord, North Carolina

**\*15. Descriptive Title of Applicant's Project:**

\$8736.00 - Concord Police Department will use JAG funds to purchase (8) Electronic Control Weapons and Accessories.

\$1548.00 - Cabarrus County Sheriff Department will use JAG funds to purchase (To be Determined MOU Pending).



**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0043), 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.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award    B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
	<b>a. Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.		
	<b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
	<b>c. Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	<b>d. Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
	<b>e. Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.		<p><b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
9.	<p><b>Type of Applicant: (Required)</b> Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="198 436 867 993"> <tr> <td data-bbox="198 436 532 993"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="532 436 867 993"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. <b>Authorized Representative: (Required)</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

## **Program Narrative**

The purpose area for these proposed projects is to purchase needed technical equipment for law enforcement personnel to enhance officer safety, increase job performance capabilities, and provide effective public safety services.

Concord Police Department, City of Concord is the fiscal applicant agency for 2014 JAG allocations due to Concord Police Department. The total amount allocated is \$10,284.00. The City of Concord is located in the disparate county of Cabarrus, North Carolina. Concord Police Department offered to pay Cabarrus County Sheriff Department \$1548.00 of its \$10,284.00. However, the Memorandum of Understanding is pending at the time of this application.

As the fiscal agency, drawdowns and grant expenditures will be handled by the City of Concord Finance Department. Finance will setup separate accounts for grant revenue and grant expenses. Reporting will be consistent with BJA requirements of quarterly financial status reports, quarterly performance metrics reports and an annual progress report. City of Concord Finance Department has previous experience and a strong track record in grant management. A qualified employee is designated as grant manager.

## **Concord Police Department - \$8,736.00**

### **Project # 1 – Electronic Control Weapons – \$8,736.00**

The Concord Police Department is applying for a grant in the amount of \$10,284.00 under the FY 2014 Edward Byrne Memorial Justice Assistance Grant Program, with \$1,548.00 designated to Cabarrus County Sheriff Department depending upon signing of Memorandum of Understanding. This leaves a remaining balance of \$8,736.00 to fund the Electronic Control Weapons Project.

The objective of this project is to continue the process of Electronic Control Weapons deployment to the majority of sworn personnel within the Concord Police Department. This will provide officers with a less lethal option that permits personnel to gain control over suspects or detainees with less risk of injury to the suspects, detainees or officers.

Electronic Control Weapons in their current form have been available since 1999. The most commonly used are manufactured by Taser International. The Taser X26, a model distributed by Taser International, is a “Conducted Energy Weapon that uses propelled wire to conduct energy to a remote target, thereby controlling and overriding the body’s central nervous system.

These weapons are a less lethal option that permits officers to gain control over suspects or detainees with less risk of injury to the suspects, detainees or officers. The other less lethal options available to officers include oleoresin capsicum (OC) or pepper spray and the baton.

There are other more specialized less lethal weapons including specialty impact munitions such as rubber bullets and bean bag rounds; chemical munitions such as tear gas; and

distraction devices. These weapons, however, are usually only available to specialized units such as specialized tactical teams and not to the street officer.

Agencies deploying conductive energy weapons all sworn personnel have consistently reported a significant reduction in officer injuries, suspect injuries, and total uses of force. The Concord Police Department favors the use of the electronic control weapons because they allow the officer to gain control over suspects without having to use hand-to-hand restraint techniques, OC spray or the baton. The agency currently has deployed 112 electronic control device weapons. This grant funding will be used to purchase eight (8) additional Taser X26 units. This number of units, along with those currently deployed will allow the agency to deploy these weapons to over 74 percent of its sworn personnel.

### ***Project Timeline***

This objective will be accomplished by achieving the following goals and timelines:

1. Upon notification of award;
2. Submit Purchase Order to Taser for equipment – within 30 days of receipt of funds;
3. Training of personnel – Immediately upon receipt from vendor;
4. Deployment of Units – Immediately upon completion of training;
5. Funds will be expended in full within time period established by JAG guidelines.

### ***Activity Area; Equipment/Supplies***

### ***BJA Objectives and Performance Measurements***

The program will be evaluated in two ways. The purchase, training, and deployment of described units will be considered the first measure of meeting the objectives of the grant. The second measure will be an analysis of use of force incidents to determine the impact of the deployment of these units to sworn personnel in the areas total use of force incidents,

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2014 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment 1: Program Narrative

officer and suspect injuries, and a comparison of any differences in between those officer's with these units and those without.

### ***Performance Measures***

Amount of funds expended on equipment and/or supplies.

Types of equipment purchased with JAG funds.

Number of units that directly benefited from equipment purchased with JAG funds.

Percent of officers who reported a desired change in job performance as a result of equipment purchased with JAG funds.

Funds will be deposited in a special account that is separate from City funds as well as other State and Federal funding accounts. This will allow for the detailed and accurate accounting of all draw-downs and grant expenditures. A designated employee in the Finance Department will be responsible for this process.

### **Cabarrus County Sheriff Department**

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#### **Project – Pending Information to be provided by Cabarrus County Sheriff Department**

***Activity Area; Equipment/Supplies***

***BJA Objectives and Performance Measurements***

***Performance Measures***

***Project Timeline***

**Budget Narrative**

Concord Police Department will use Justice Assistance Grant funds to purchase, and utilize technological equipment to improve or enhance job efficiency /officer safety improvements. Training programs, any over costs will be covered by respective local funds. Concord Police Department will use the funds to purchase Electronic Control Weapons.

Cabarrus County Sheriff Department has not provided any information regarding how received funds will be expended.

No portion of JAG funds will be used to pay for administrative costs. Concord Police Department, as the fiscal agency will work with City of Concord Finance Department to administer and manage the grant funds. Budget Details are outlined below.

**Budget Detail Worksheet**

- A. Personnel** – N/A
- B. Fringe Benefits** – N/A
- C. Travel** – N/A
- D. Equipment** – \$8736.00

<b>Concord Police Department \$</b>	<b>Item Type</b>	<b>Quantity</b>	<b>Total</b>
	Electronic Control Weapons & Accessories	8 @ \$1092.00	\$8736.00
<b>Concord Police Department</b>	<b>Total</b>		<b>\$8736.00</b>

<b>Cabarrus Sheriff Department \$ 1548.00</b>	<b>Item Type</b>	<b>Quantity</b>	<b>Total</b>
	TBD	TBD	
	MOU Pending	MOU Pending	
<b>Cabarrus Sheriff Department</b>	<b>Total</b>		<b>\$1548.00</b>

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2014 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment 2: Budget and Budget Narrative

- E. Supplies – N/A**
- F. Construction – N/A**
- G. Consultants/Contracts – N/A**
- H. Other Costs –N/A**
- I. Indirect Costs – N/A**

**Budget Summary-**

**Budget Category Amount**

<b>A. Personnel</b>	<u>0</u>
<b>B. Fringe Benefits</b>	<u>0</u>
<b>C. Travel</b>	<u>0</u>
<b>D. Equipment</b>	<u>\$8736.00</u>
<b>E. Supplies</b>	<u></u>
<b>F. Construction</b>	<u>0</u>
<b>G. Consultants/Contracts</b>	<u>0</u>
<b>H. Other</b>	<u>\$1548.00 (TBD)</u>
<b>Total Direct Costs</b>	<u>0</u>
<b>I. Indirect Costs</b>	<u>0</u>
<b>Federal Request</b>	<u>\$10,284.00</u>
<b>Non-Federal Amount (local)</b>	<u>0</u>
<b>TOTAL PROJECT COSTS</b>	<u>\$10,284.00</u>

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2014 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment 3 – Review Narrative

## **Review Narrative**

The JAG application was presented and reviewed by City of Concord Council. City of Concord Council approved pursuit of JAG funds on May 8<sup>th</sup>, 2014. Council was presented with completed JAG application on June 10, 2014. The JAG application is posted for public comment on the city's website at [www.concordnc.gov](http://www.concordnc.gov).

## **Abstract Narrative**

The name of applicant is Concord Police Department, City of Concord, North Carolina. Project titles are as follows,

### **Electronic Control Device Project, Concord Police Department**

The objective of this project is to continue the process of Electronic Control Weapons deployment to sworn personnel within the Concord Police Department. This will provide officers with a less lethal option that permits personnel to gain control over suspects or detainees with less risk of injury to the suspects, detainees or officers.

**Project TBD, Cabarrus County Sheriff –**

**Project Information has not been provided by Cabarrus County.**

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## **JAG Identifiers (Concord Police Department)**

Equipment General, Officer Safety, Less than Lethal, Conference and Training, Policing

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## **Applicant Disclosure of Pending Applications**

The applicant (City of Concord Police Department) does not have any pending applications for federal funded grants or subgrants that include requests for funding to support the same project being proposed under this solicitation.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2014 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Memorandum of Understanding Agreement

**The State of North Carolina**

**City Clerk**  
**Contract No. \_\_\_\_\_**

**County of Cabarrus**

Interlocal Agreement  
Between the City of Concord, North Carolina  
County of Cabarrus, North Carolina

**Direct Justice Assistance Grant (JAG) Program Award**

This Agreement is made and entered into this day     of **June, 2014**, by and between The COUNTY of CABARRUS, acting by and through its governing body, the County Commissioners Court, hereinafter referred to as COUNTY, and the City of CONCORD, State of North Carolina, acting by and through its governing body, the City Council, hereinafter referred to as CITY, of CABARRUS County, State of North Carolina, witnesseth:

**WHEREAS**, this Agreement is made under the authority of Sections 160A-460, et seq. of North Carolina General Statutes: and

**WHEREAS**, each governing body, in performing governmental functions or in paying for the performance of governmental functions hereunder, shall make that performance or those payments from legally available to that party: and

**WHEREAS**, Concord Police Department (City of CONCORD) is the fiscal agency and

**WHEREAS**, the CITY agrees to provide the COUNTY \$1548.00 from the 2014 JAG Award for \_\_\_\_\_

**WHEREAS**, the CITY and COUNTY believe it to be in their best interests to reallocate the 2014 JAG funds.

NOWTHEREFORE, the COUNTY and CITY agree as follows:

Section 1.

CITY agrees to pay COUNTY a total of \$1548.00 of 2014 JAG funds. The breakdown of payment is as follows, CITY of CONCORD agrees to pay COUNTY \$1548.00 of its \$10,284.00.

Section 2.

COUNTY agrees to use \$1548.00.00 for \_\_\_\_\_

Section 3.

Nothing in the performance of this Agreement shall impose any liability for claims against COUNTY other than claims for which liability may be imposed by 153A-435 Liability Insurance; damage suits against a county involving governmental functions.

Section 4.

Nothing in performance of this Agreement shall impose any liability for claims against CITIES other than claims for which liability may be imposed by 160A-485 Waiver of Immunity Through Insurance Purchase.

Section 5.

Each party to this agreement will be responsible for its own actions in providing services under this agreement and shall not be liable for any civil liability that may arise from the furnishing of the services by the other party.

Section 6.

The parties to this Agreement do not intend for any third party to obtain a right by virtue of this Agreement.

Section 7.

By entering into this Agreement, the parties do not intend to create any obligations express or implied other than those set out herein; further, this Agreement shall not create any rights in any party not a signatory hereto.

CITY OF CONCORD

COUNTY OF CABARRUS

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
County Manager

ATTEST:

ATTEST:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
County Clerk

APPROVED AS TO FORM:

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
County Attorney