

FRANKLIN COUNTY MUNICIPAL COURT  
DEPARTMENT OF PROBATION SERVICES

Molly L. Gauntner  
Chief Probation Officer

Melinda C. Brooks  
Deputy Chief Probation Officer

Promoting public safety by  
accountable rehabilitation



375 S. High Street, 8th Floor  
Columbus, OH 43215-4520  
(614) 645-8360  
(FAX) (614) 645-8626

Probation Officer Supervisors:  
Annette M. Busch  
Ronald Fowler  
Michael A. Graves  
Cassandra Munoz  
Tad Thomas

Support Staff Supervisor:  
Beverly A. Sullivan

Community Sanctions Supervisor:  
Christine R. Seymour

March 2, 2016

Office of Ohio Attorney General Mike DeWine  
Crime Victim Section – Grants Unit  
ATTN: Mischa Hitchcock  
30 East Broad Street, 23<sup>rd</sup> Floor  
Columbus, OH 43215

Dear Ms. Hitchcock:

Please see the enclosed materials to consolidate with our VOCA 2016 application. If there are any questions or concerns regarding our application or associated documents please do not hesitate to contact me.

Thank you, again, for all of your support and insight. We are thrilled to see this proposal move forward.

Sincerely,

A handwritten signature in cursive script that reads "Melinda C. Brooks".

Melinda C. Brooks  
Deputy Chief Probation Officer  
614-645-1960

**Brooks, Melinda**

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**From:** Gauntner, Molly  
**Sent:** Thursday, February 25, 2016 12:11 PM  
**To:** Brooks, Melinda  
**Subject:** FW: City of Columbus Probation GAA  
**Attachments:** SC GAA (93).doc

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**From:** Mischa Hitchcock [mailto:mischa.hitchcock@ohioattorneygeneral.gov]  
**Sent:** Thursday, February 11, 2016 10:02 AM  
**To:** Gauntner, Molly <GauntnerM@fcmclerk.com>  
**Subject:** FW: City of Columbus Probation GAA

Good Morning:

Please find attached the updated grant award document. The 2016 VOCA award totals \$136,962.39. The VOCA award amount does not need to be included in the match waiver request.

Please complete the on-line documents requiring electronic signature. The attached grant award document and other documents requiring a hard signature can be mailed to:

Office of Ohio Attorney General Mike DeWine  
Crime Victim Section – Grants Unit  
ATTN: Mischa Hitchcock  
30 East Broad Street, 23<sup>rd</sup> Floor  
Columbus, OH 43215

Feel free to contact me with questions!

Mischa

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**From:** Brian Sass  
**Sent:** Thursday, February 11, 2016 9:54 AM  
**To:** Mischa Hitchcock  
**Subject:** City of Columbus Probation GAA



Brian E. Sass  
Victim Services Development Director – Crime Victims Section  
Office of Ohio Attorney General Mike DeWine  
Office number: 614-466-4358  
Fax number: 877-584-2049  
Cell number: 614-935-8501  
[Brian.Sass@OhioAttorneyGeneral.gov](mailto:Brian.Sass@OhioAttorneyGeneral.gov)

**VOCA and SVAA Grant Award and Acceptance Form**

Grant Period 10/1/2015 – 9/30/2016

Organization: City of Columbus/Franklin County Municipal Court Dept of Probation Services  
 Applicant Name: Melinda Brooks  
 Street Address 1: 375 S. High St. 8th Floor  
 Street Address 2:  
 City, State, ZIP: Columbus, Ohio 43215  
  
 Phone: (614)645-1960  
  
 Funding Stream: 2016VOCA  
  
 County: Franklin  
  
 Award Number: 2016-VOCA-23402971

VOCA Award: \$136,962.39

SVAA Award: \$0.00

Awarded Costs

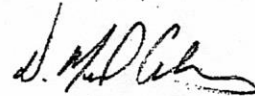
Cost	Total	Grant Dollars	Cash Match	In-Kind Match	VOCA/SVAA
11000	\$5,500.00	\$5,500.00	\$0.00	\$1,375.00	VOCA
3016	\$1,508.00	\$1,508.00	\$0.00	\$377.00	VOCA
3200	\$1,600.00	\$1,600.00	\$0.00	\$400.00	VOCA
45094.4	\$71,992.36	\$71,992.36	\$0.00	\$17,998.09	VOCA
32427.20	\$56,362.03	\$56,362.03	\$0.00	\$14,090.51	VOCA
49108.80	\$0.00	\$0.00	\$0.00	\$0.00	VOCA

49108.8	\$0.00	\$0.00	\$0.00	\$0.00	VOCA
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This grant is subject to all rules, regulations, and criteria included in the grant application and special conditions attached hereto.

Mike DeWine, Ohio Attorney General  
 Crime Victims Section  
 30 E. Broad St., Fl. 23  
 Columbus, OH 43215

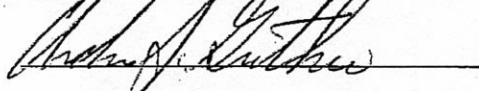
Signature of Approving Official



D. Michael Sheline  
 Assistant Section Chief

The undersigned, having received the statement of grant award/acceptance and the conditions attached thereto, does hereby accept this grant and agrees to the conditions pertaining thereto, this 2 Day of March, 2016

Signature of Authorized Official



Title: Mayor

Signature of Authorized Official

\_\_\_\_\_

Title: \_\_\_\_\_



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

SPECIAL CONDITION #10

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions  
(Sub-Recipient)

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Emily L Shaw, COURT ADMINISTRATOR  
Name and Title of Authorized Representative

Emily L. Shaw  
Signature

2/19/16  
Date

FRANKLIN COUNTY MUNICIPAL COURT  
Name of Organization

375 S. HIGH ST., 10 FL.

COLUMBUS, OH 43215  
Address of Organization

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

SPECIAL CONDITION #10

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <input type="checkbox"/> Subrecipient  Tier _____, if known:  Congressional District, if known:	<p>5. If Reporting Entity in No. 4 is Subrecipient, Enter Name and Address of Prime:</p> Congressional District, if known:	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> CFDA Number, if applicable: _____	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> \$ _____	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> (attach Continuation Sheet(s) SF-LLL-A, if necessary)	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p> (attach Continuation Sheet(s) SF-LLL-A, if necessary)	
<p>11. Amount of Payment (check all that apply):</p> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<p>13. Type of Payment (check all that apply):</p> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other: specify: _____	
<p>12. Form of Payment (check all that apply):</p> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind, specify: nature _____  value _____		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in item 11:</p>  (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____          Print Name: _____          Title: _____          Telephone No.: _____          Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

*Handwritten signature and date: 2/22/16*

## INFORMATION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subrecipient or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subrecipient, e.g. the first subrecipient of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subrecipient", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award of loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 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 (0348-0046), Washington, D.C. 20503.



**SPECIAL CONDITION #16**  
**CERTIFICATION OF COMPLIANCE WITH REGULATIONS**  
**OFFICE FOR CIVIL RIGHTS, OFFICE OF JUSTICE PROGRAMS**  
**FOR SUBGRANTS ISSUED BY THE OHIO ATTORNEY GENERAL'S OFFICE**

*INSTRUCTIONS: Complete the identifying information. Have your Authorized Official sign at the bottom of pages 1, 2, 3, and 4, and forward a copy to the person you identified as the person responsible for reporting civil rights findings. Check the one certification that applies to your agency and return the original to the Ohio Attorney General's Office, Crime Victim Section, 30 E. Broad St., Fl. 23, Columbus, OH 43215*

Subgrantee Name (Funded Entity): Franklin County Municipal Court Department of Probation Services

Address: 375 S. High St. 8<sup>th</sup> Floor

Duration: Beginning Date: October 1, 2015 End Date: Sept. 30, 2016

Project Director's Name & Phone #: Molly Gaunter Chief Probation Officer 614-645-8765

**AUTHORIZED OFFICIAL'S CERTIFICATION:** As the Authorized Official for the above Subgrantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification.

**REQUIREMENTS OF SUBGRANT RECIPIENTS:** All subgrant recipients (regardless of the type of entity or the amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

I certify that this agency will maintain data (and submit when required) to ensure that: our services are delivered in an equitable manner to all segments of the service population; our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et seq.*; our projects and activities provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also*, 2000 Executive Order #13166).

I also certify that the person in this agency or unit of government who is responsible for reporting civil rights findings of discrimination will submit these findings, if any, to the Ohio Attorney General's Office within 45 days of the finding, and/or if the finding occurred prior to the grant award beginning date, within 45 days of the grant award beginning date. A copy of this Certification will be provided to this person, as identified here:

Person responsible for reporting civil rights findings of discrimination: (Name, Address and Phone)

**Abbie Armitage, Human Resources Manager**  
375 S. High St. 10<sup>th</sup> Floor  
Columbus, Ohio 43215  
614-645-6156

I. **EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATIONS:** Check the box before ONLY THE ONE APPROPRIATE CERTIFICATION (A, B, C1 or C2 below) that applies to this subgrantee agency during the period of the grant duration noted above.

**CERTIFICATION "A" (NO EEOP IS REQUIRED IF (1), (2), or (3) below apply):** This is the Certification that most non-profits and small agencies will use. Check (1), (2) and/or (3) as they apply to your entity. (More than one may apply.)

This funded entity has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant duration period, and

\_\_\_\_\_ (1) is an educational, medical or non-profit institution or an Indian Tribe; and/or

\_\_\_\_\_ (2) has less than 50 employees; and/or

\_\_\_\_\_ (3) was awarded through this grant from the Ohio Attorney General's Office less than \$25,000 in

federal U.S. Department of Justice funds.

Therefore, I hereby certify that this funded entity is not required to maintain an EEOP, pursuant to 28 CFR 42.301 et seq.

### SPECIAL CONDITION #17

#### CERTIFICATION OF COMPLIANCE WITH REGULATIONS, OFFICE FOR CIVIL RIGHTS, OFFICE OF JUSTICE PROGRAMS (Continued)

##### EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATIONS: (Continued)

**CERTIFICATION "B" (EEOP MUST BE ON FILE)**

This funded entity, as a for-profit entity or a state or local government having 50 or more employees, was awarded, through this grant from the Office of Justice Programs more than \$25,000, but less than \$500,000 in federal U.S. Department of Justice funds. Also, it has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant duration period.

Therefore, I hereby certify that the funded entity has formulated an Equal Employment Opportunity Plan in accordance with 28 CFR 42.301, et seq., subpart E, that it has been signed into effect by the proper authority and disseminated to all employees, and that it is on file for review or audit by officials of the Ohio Attorney General's Office or the Office for Civil Rights, Office of Justice Programs as required by relevant laws and regulations.

**CERTIFICATION "C1" (EEOP MUST BE SUBMITTED)**

This funded entity, as a for-profit entity or a state or local government having 50 or more employees, was awarded, through this grant from the Office of Justice Programs more than \$500,000 in federal U.S. Department of Justice funds; but it has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant duration period.

Therefore, I certify that the funded entity will submit, within 45 days of the award, an EEOP or an EEOP Short Form that will include a section specifically analyzing the subgrantee (implementing) agency.

**CERTIFICATION "C2" (EEOP MUST BE SUBMITTED)**

This funded entity, having 50 or more employees, has been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice, including this subgrant from the Ohio Attorney General's Office, over an 18-month period that includes the above grant duration period.

Therefore, I hereby certify that the funded entity will submit, with 45 days of the award, an EEOP or an EEOP Short Form that will include a section specifically analyzing the subgrantee (implementing) agency. Please submit an EEOP applicable to this time period to the Ohio Attorney General's Office, Crime Victim Section, 30 E. Broad St., Fl. 23, Columbus, Ohio 43215.

As the Authorized Official for the above Subgrantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification.

Emily L. Straw  
Authorized Official's Signature

Emily L. Straw  
(Typed Name)

2/25/16  
(Date)

Court Administrator  
(Title)

## CERTIFICATION FORM

Recipient Name and Address: Franklin County Municipal Court Department of Probation Services

Grant Title: Probation Assisted Victim Empowerment Division Award Amount: \$136,962.39

Contact Person Name and Title: Molly Gauntner, Chief Probation Officer Phone Number: (614) 645-8765

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Ohio Attorney General's Office (OAG) to prepare, maintain on file, submit to OAG for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. §§ 42.301-3.08. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP; but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete **Section A** below. Recipients that claim the limited exemption from the submission requirement must complete **Section B** below. **A recipient should complete either Section A or Section B, not both.** If a recipient receives multiple OJP or OAG grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to the Ohio Attorney General's Office, Crime Victim Section, 30 E. Broad St., Fl. 23, Columbus, Ohio 43215. For assistance in completing this form, please call (614) 644-6250.

**Section A – Declaration Claiming Complete Exemption from the EEOP Requirement.** *Please check all the boxes that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Recipient has less than 50 employees,   | <input type="checkbox"/> Recipient is an Indian Tribe,               |
| <input type="checkbox"/> Recipient is a non-profit organization, | <input type="checkbox"/> Recipient is an educational institution, or |
| <input type="checkbox"/> Recipient is a medical institution,     | Recipient is receiving an award less than \$25,000                   |

I, \_\_\_\_\_ (responsible official), certify that \_\_\_\_\_ (recipient) is not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R. §42.302.

I further certify that \_\_\_\_\_ (recipient) will comply with applicable Federal Civil Rights Laws that prohibit discrimination in employment and in the delivery of services.

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION FORM CONTINUED

**Section B** – Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP is on File for Review.

If a recipient agency has 50 or more employees and is receiving a single award or sub-award for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to OJP for review as long as it certifies the following (42 C.F.R. § 42.305):

I, \_\_\_\_\_ (responsible official), certify that the \_\_\_\_\_ (recipient), which has 50 or more employees and is receiving a single award or sub-award for \$25,000 or more, but less than \$500,000 has formulated an EEOP in accordance with 28 C.F.R. § 42.301, *et seq.*, subpart E.

I further certify that the EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of: \_\_\_\_\_ (organization), at \_\_\_\_\_ (address), for review by the public and employees or for review or audit by officials of the relevant state planning agency or the Ohio Attorney General's Office, Crime Victim Section, as required by relevant laws and regulations.

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION FORM CONTINUED

**Section B** – Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP is on File for Review.

If a recipient agency has 50 or more employees and is receiving a single award or sub-award for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to OJP for review as long as it certifies the following (42 C.F.R. § 42.305):

I, Emily Shaw, Court Administrator (**responsible official**), certify that the Franklin County Municipal Court Department of Probation Services (**recipient**), which has 50 or more employees and is receiving a single award or sub-award for \$25,000 or more, but less than \$500,000 has formulated an EEOP in accordance with 28 C.F.R. § 42.301, *et seq.*, subpart E.

I further certify that the EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of: Human Resources of Franklin County Municipal Court (**organization**), at 375 S. High St, 10<sup>th</sup> Floor Columbus, Ohio 43215 (**address**), for review by the public and employees or for review or audit by officials of the relevant state planning agency or the Ohio Attorney General's Office, Crime Victim Section, as required by relevant laws and regulations.

Emily Shaw, Court Administrator  
Print or Type Name and Title

  
\_\_\_\_\_  
Signature

3-8-16  
Date