State of California – Office of Traffic Safety
GRANT AGREEMENT - Page 1
OTS-38 (Rev. 4/15)

GRANT NUMBER
AL1648

1. GRANT TITLE
INTENSIVE PROBATION SUPERVISION FOR HIGH-RISK FELONY AND REPEAT DUI OFFENDERS

2. NAME OF AGENCY
SAN BERNARDINO COUNTY

3. AGENCY UNIT TO ADMINISTER GRANT
SAN BERNARDINO COUNTY PROBATION DEPARTMENT

4. GRANT PERIOD
From: 10/1/15
To: 9/30/16

5. GRANT DESCRIPTION

The County Probation Department will work to reduce DUI related fatalities, injuries, and DUI recidivism. The worst-of-the worst, high-risk, felony, and repeat DUI offenders will be held accountable through intensive supervision to ensure compliance with court ordered conditions of probation and to prevent re-arrest on new DUI charges. Supervision activities include: monitoring of treatment and DUI program participation, conducting office visits, unannounced fourth amendment waiver searches, field visits, random alcohol/drug testing, distribution of HOT sheets, and participation with local law enforcement on anti-DUI efforts including the AVOID campaign.

6. FEDERAL FUNDS ALLOCATED UNDER THIS AGREEMENT SHALL NOT EXCEED: $ 480,000.00

7. TERMS AND CONDITIONS: The parties agree to comply with the terms and conditions of the following which are by this reference made a part of the Agreement:

- Schedule A (OTS-38b) – Problem Statement, Goals and Objectives and Method of Procedure
- Schedule B (OTS-38d) – Detailed Budget Estimate and Sub-Budget Estimate (if applicable)
- Schedule B-1 (OTS-38f) – Budget Narrative and Sub-Budget Narrative (if applicable)
- Exhibit A –Certifications and Assurances
- Exhibit B* - OTS Grant Program Manual

*Items shown with an asterisk (*), are hereby incorporated by reference and made a part of this agreement as if attached hereto.
These documents can be viewed at the OTS home web page under Grants: www.ots.ca.gov.

We, the officials named below, hereby swear under penalty of perjury under the laws of the State of California that we are duly authorized to legally bind the Grant recipient to the above described Grant terms and conditions.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

8. APPROVAL SIGNATURES

A. GRANT DIRECTOR
NAME: **Julie Francis**
PHONE: **909-387-4275**
TITLE: **Division Director II**
FAX: **909-387-5827**
ADDRESS: **401 N. Arrowhead Ave.**
San Bernardino , CA 92415
E-MAIL: **Julie.Francis@prob.sbcounty.gov**
(Signature) *(Date)*

B. AUTHORIZING OFFICIAL OF AGENCY
NAME: **Michelle Scray Brown**
PHONE: **909-387-5692**
TITLE: **Chief Probation Officer**
FAX: **909-387-5826**
ADDRESS: **175 W. 5th St.**
San Bernardino, CA 92415
E-MAIL: **Michelle.Brown@prob.sbcounty.gov**
(Signature) *(Date)*

C. FISCAL OR ACCOUNTING OFFICIAL
NAME: **Scott Frymire**
PHONE: **909-387-5580**
TITLE: **Deputy Chief Probation Administrator**
FAX: **909-387-5826**
ADDRESS: **175 W. 5th St.**
San Bernardino, CA 92415
E-MAIL: **dsfrymire@prob.sbcounty.gov**
(Signature) *(Date)*

D. OFFICE AUTHORIZED TO RECEIVE PAYMENTS
NAME: **Probation Grants Office**
ADDRESS: **175 W. 5th St.**
San Bernardino, CA 92415

9. DUNS NUMBER
DUNS #: **780136859**
REGISTERED ADDRESS & ZIP: **175 W. 5th Street**
San Bernardino, CA 92415-1012