



Bureau of Justice  
2013 Justice Assistance Grant Application  
J.A.G

For

Concord Police Department  
City of Concord, NC

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

July 2013

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<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:

FY2013 Edward Byrne Memorial Justice Assistance Grant (JAG) Local Allocation Grant Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

BJA-2013- Unknown \_\_\_\_\_

\*Title:

FY 2013 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:**

\$12,697.00 - Concord Police Department will use JAG funds to purchase (2) In-Car Cameras.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: NC8th

\*b. Program/Project: NC8th

**17. Proposed Project:**

\*a. Start Date: September 1, 2013

\*b. End Date: August 31, 2017

**18. Estimated Funding (\$):**

*a. Federal	_____	\$12,697.00
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$12,697.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: Mr. \_\_\_\_\_ \*First Name: William \_\_\_\_\_  
 Middle Name: Brian \_\_\_\_\_  
 \*Last Name: Hiatt \_\_\_\_\_  
 Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 704-920-5201

Fax Number: 704-786-7068

\* Email: hiattb@concordnc.gov

\*Signature of Authorized Representative:

\*Date Signed:

**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.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	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.
		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>		
		<p>20. <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>			

**Abstract**

The name of applicant is Concord Police Department, City of Concord, North Carolina.

**In-Car Camera Project, Concord Police Department**

The goal of this project is to purchase (2) in-car cameras with JAG funds to install in (2) police vehicles to increase officer safety, reduce liability against citizen complaints, corroborate court testimony and increase conviction rates, and for training purposes.

Strategies are to purchase, assign and install equipment in a timely manner to increase job effectiveness and efficiency and improve technological equipment.

**JAG Project Identifiers**

Computer Hardware/Software  
Equipment – General  
Equipment – Video/Audio Recording  
Officer Safety

## **Program Narrative**

City of Concord is the fiscal applicant agency for JAG allocations due to Concord Police Department. The total amount allocated is \$12,697.00. As the fiscal agency, drawdowns and grant expenditures will be handled by the City of Concord Finance Department. Finance has separate accounts for grant revenue and grant expenses. Reporting will be consistent and made within the BJA Performance Measurement Tool and the Accountability and Transparency Act. Financial reports will be made as required within (10) calendar days after the end of each calendar quarter as required by the Accountability and Transparency Act. The City of Concord Finance Department has experience and a strong track record in grant management. A qualified employee is designated as financial grant manager.

### **Concord Police Department - \$12, 697.00**

#### **In-Car Camera Project**

The City of Concord is located in a fast growing metropolitan statistical area, Charlotte, North Carolina. In the past ten years the city's constant population increased from 55,077 to 80, 386 and continues to grow at a steady rate. To meet service demands, Concord Police Department has hired officers to maintain an appropriate level of police strength. However, hiring of officers and providing needed equipment rarely happens simultaneously, this often places law enforcement officers and their agencies at a disadvantage. Due to the population growth and overflow from Charlotte and surrounding areas, vehicle stops pose an ever increasing danger to officers. Needed equipment such as in-car cameras are used to enhance officer safety, officer accountability, reduce liability,

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2013 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment – Program Narrative

train and corroborate court testimony. Therefore, Concord Police Department will use \$12,697.00 of JAG funds to purchase in-car cameras with removable hard drives to equip (2) two patrol vehicles with same. Any over costs will be covered by local funds.

*BJA Objectives and Performance Measurements (Applicable BJA Purpose Area Planning, Evaluation and Technology)*

The goal of this project is to purchase (2) in-car cameras with JAG funds to install in (2) police vehicles to increase officer safety, reduce liability against citizen complaints, corroborate court testimony and increase conviction rates, and for training purposes. The project will be evaluated by tracking number of officer safety-related vehicle stops, number of citizens' complaints mitigated by videos produced by in-car camera, number of court cases supported by in-car camera video, and number of in-car camera videos used for training purpose and by surveying employees utilizing the equipment to determine improvement in job efficiency and equipment quality.

*Project Timeline*

Within (30) thirty days of receiving funds,

- 1) Obtain vendor quotes, submit order for purchase approval.
- 2) Upon receipt of purchase order approval, place order for (2) in-car cameras.
- 3) Upon receipt of equipment, install equipment within 60 days.
- 4) Collect, compile and report performance indicators.

**JAG Project Identifiers**

Computer Hardware/Software  
Equipment – General  
Equipment – Video/Audio Recording  
Officer Safety

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
 FY 2013 Local Solicitation  
 Applicant: City of Concord, Concord Police Department, Concord, NC  
 Attachment - Budget and Budget Narrative

**Budget Narrative**

Concord Police Department will use Justice Assistance Grant funds to purchase, install and utilize technological equipment to improve or enhance job efficiency and/or system improvements. Any over costs will be covered by respective local funds.

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** –

<b>Concord Police Department \$12,697.00</b>	<b>Item Type</b>	<b>Quantity</b>	<b>Total</b>
	In-Car Cameras	2@ \$6,348.50 ea.	\$12,697.00
			Total Project Costs
	Federal Request	\$12,697.00	\$12,697.00

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

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2013 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment - Budget and Budget Narrative

**Budget Summary-** When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

**Budget Category Amount**

A. Personnel 0  
B. Fringe Benefits 0  
C. Travel 0  
D. Equipment \$12,697.00  
E. Supplies 0  
F. Construction 0  
G. Consultants/Contracts 0  
H. Other 0  
Total Direct Costs 0  
I. Indirect Costs  
TOTAL PROJECT COSTS \$12,697.00  
Federal Request \$12,697.00  
Non-Federal Amount (local) \$12,697.00

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2013 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment 3 – Review Narrative

## **Review Narrative**

This JAG application was presented and reviewed by City of Concord Council. City of Concord Council approved pursuit of JAG funds on June 11, 2013. Council was presented with completed JAG application on July 3, 2013. The JAG application is posted for public comment on the city's website at [www.concordnc.gov](http://www.concordnc.gov).

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2013 Local Solicitation  
Applicant: City of Concord, Concord Police Department, Concord, NC  
Attachment – Disclosure of Pending Applications

**Disclosure of Pending Applications**

The City of Concord, Concord Police Department does not have pending applications submitted within the past 12 months for federally funded assistance that include requests for funding to support the same project being proposed under this solicitation and will cover the identical cost items outlined in the budget narrative and worksheet in the application under this solicitation.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
FY 2013 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 and County of Cabarrus, North Carolina

**2013 Direct Justice Assistance Grant (JAG) Program Award**

This Agreement is made and entered into this day **2nd of July 2013**, 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, both 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 offered to provide the COUNTY \$1905.00 (15%) from the 2013 JAG Award amount of \$12, 697.00.

**WHEREAS**, the COUNTY declines the 2013 JAG funds in the amount of \$1905.00.

NOWTHEREFORE, the COUNTY and CITY agree as follows:

**Section 1.**

COUNTY declines to receive 2013 JAG Award allocation amount of \$1905.00 (15%) of \$12,697.00 offered by the CITY.

**Section 2.**

CITY will be the sole recipient of the 2013 JAG Award allocation in the amount of \$12, 697.00

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 CITY other than claims for which liability may be imposed by 160A-485 Waiver of Immunity Through Insurance Purchase.

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:

\_\_\_\_\_  
Clerk

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

APPROVED AS TO FORM:

APPROVED AS TO FORM:

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

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