

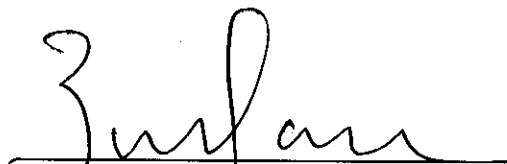
**ORDER: APPROVE AND AUTHORIZE EXECUTION OF APPLICATIONS BY THE
LAFAYETTE COUNTY SHERIFF'S DEPARTMENT FOR THE 2025 MISSISSIPPI
OFFICE OF HOMELAND SECURITY GRANT**

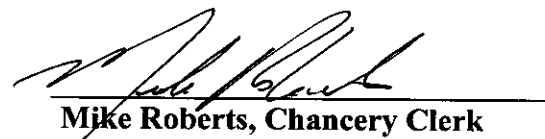
Motion was made by Greg Bynum, duly seconded by Scott Allen, to approve and authorize execution of applications by the Lafayette County Sheriff's Department for the 2025 Mississippi Office of Homeland Security Grant.

The vote on the motion was as follows:

Supervisor Brent Larson, voted yes
Supervisor John Morgan, voted yes
Supervisor Tim Gordon, voted yes
Supervisor Scott Allen, voted yes
Supervisor Greg Bynum, voted yes

After the vote, President Larson, declared the motion carried, this the 7th day of April, 2025.


**Brent Larson, President
Board of Supervisors**


Mike Roberts, Chancery Clerk



Mississippi Office of Homeland Security

Homeland Security Grant Program

Grant Application

DATE OF APPLICATION		03/19/2025	
NAME OF AGENCY		Lafayette County Sheriff's Department	
MAILING ADDRESS		711 Jackson Ave, East	
CITY	Oxford	ZIP CODE	38655
COUNTY	Lafayette		
AGENCY CONTACT NAME		Steve Quarles	
CONTACT PHONE NUMBER		(662) 816-3821	
CONTACT EMAIL ADDRESS		squarles@lafayettecoms.com	
SIGNATORY AUTHORIZED OFFICIAL		Brent Larson, Board President	
<i>(Name of Mayor, Board President, Commissioner, Head of Agency, etc.)</i>			
AUTHORIZED OFFICIAL EMAIL		blarson@lafayettecoms.com	
UEI NUMBER	LMCWJ3XFUF25	EXP DATE	05/21/2025
<i>* Please provide a copy of UEI number and current status, as shown in SAM.gov.</i>			
CONGRESSIONAL DISTRICT		1st Congressional District	
GRANT APPLICANT FUNDING REQUEST BY COST CATEGORY			
COST CATEGORY		AMOUNT REQUESTED	
CONTRACTUAL SERVICES		\$ 2,000.00	
EQUIPMENT		\$ 36,000.00	
COMMODITIES/SUPPLIES			
OTHER			
TOTAL OF GRANT AMOUNT REQUESTED		\$ 38,000.00	

PROBLEM IDENTIFICATION & DESCRIPTION

AGENCY DEMOGRAPHIC INFORMATION

NUMBER OF SQUARE MILES	679
POPULATION	55,813
NUMBER OF AGENCY STAFF	130

AGENCY TYPE

<input checked="" type="checkbox"/>	LAW ENFORCEMENT	<input type="checkbox"/>	FIRE SERVICE	<input type="checkbox"/>	EMERGENCY SERVICES/EMA
<input type="checkbox"/>	CITY/COUNTY	<input type="checkbox"/>	SCHOOL DISTRICT	<input type="checkbox"/>	OTHER

II. AGENCY'S TOP TERRORISM THREAT & TERRORISM HAZARD

TERROISM THREAT is a technological or human caused occurrence by a individual, entity, or action that has or will cause potential to harm to life, information, operations, the environment and/or property.

BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM THREAT

Diverse extremist ideologies present in the county pose the greatest terrorism threat to the county. The University of Mississippi, located in the heart of Oxford, brings individuals from all over the globe to our county, some of which have radically extreme views. When this is coupled with the existence and ever growing presence of domestic groups and gangs, which include: Aryan Brotherhood, MS13, 4SK, Simon City Royals, Vice Lords, Bloods, Crypts, Dixie Mafia, KKK, Right wing extremist, and Anti-Abortion groups, the threat of terrorist activities only becomes more likely. With a wealthy student population as a target, many of the gangs entering our county bring in illicit drugs, increasing the presence of this threat.

"TERROISM HAZARD" is a potentially dangerous or harmful threat that is can unwanted outcomes. Hazards can include threats of terrorism, bomb scares, bombings, use of chemical, nuclear, and radiological weapons. A hazard is an intent to cause mental or physical injury or death for the purpose of advancing a person, organization, or agenda of extreme fear and intimidation.

BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM HAZARD

The University of Mississippi is classified as a soft target and poses the largest terrorism hazard for the county. With an enrollment of 21,596 and its ability to attract over 100,000 to some of its SEC football games, the University of MS could be an attractive target to those intent on striking terror. The increased number of people the University attracts brings added stress to the resources presently in the county. Along with the diversity of its population, the University contains groups that are activist, prone to protest, and can quickly get out of control. Recent studies by the City of Oxford indicate that on a given day more than 100,000 individuals are in the geographical boundaries of the City of Oxford. So even though the residential population of the county is between 50 and 60 thousand. Those commuting to our county for work, school, shopping, or entertainment greatly exceeds 100,000. The numbers increase the likelihood for our community to be targeted. It also increases the likelihood terrorist activities can go unnoticed.

PREPAREDNESS GAPS

Provide a detailed description of any preparedness gaps that hinder your agency's ability to prevent, protect, mitigate, respond to, and recover from threats and hazards. Include in the following information in your response:

1. A clear identification of the Agency PREPAREDNESS GAP(s), include operational or resource(s) deficiencies of the agency.

Lafayette County has begun a program of installing LPR cameras on the major highways entering and exiting the county. This program has seen successful convictions of crimes utilizing data obtained from these cameras. The Harbortown community has a high crime/incident rate for the county but has no LPR's for Hwy 310 which is the major means of egress and ingress for the community.

2. The process or method used to identify the PREPAREDNESS GAP(s) (e.g., specific real-training events, training exercises, threat assessment, or after-action reports). Use specific data and provide examples to illustrate how these PREPAREDNESS GAP(s) have impacted your agency's operations.

The method used for identifying this resource gap includes the following:

- 1) Success of LPR's in other areas of the county
- 2) Lack of LPR's in the proposed community
- 3) Number of crime reports for this specific area of the county

3. Describe how the requested funding, resources, training, or equipment will increase your agency capabilities to address these PREPAREDNESS GAP(s).

The placement of 2 LPR's at both ends of Hwy 310 where it enters the county, will allow information to be gathered of the vehicles entering this area. That information then could be used to assist in the identification of individuals perpetrating crimes in this community. Much of this is criminal activity coming out of the Memphis area.

4. Explain how this project will support **TERRORISM PREPAREDNESS and RESPONSE for the agency?**

The continuation of advancing the LPR program in the county will continue to increase the rate and speed of solving crimes within Lafayette County. Because this data can be accessed and utilized by other agencies, and counties, it will assist in the response and preparedness of these entities as well. Although the impact of this project goes beyond terrorism, it directly affects the ability to identify threats and track their movements in and out of the county.

NATIONAL PRIORITY

Please mark which National Priority that the Agency will support with funding received.

<input checked="" type="checkbox"/>	COMMUNITY PREPAREDNESS	<input checked="" type="checkbox"/>	INFORMATION & INTELLIGENCE SHARING
<input type="checkbox"/>	CYBERSECURITY	<input checked="" type="checkbox"/>	SOFT TARGETS/CROWDED PLACES
<input type="checkbox"/>	ELECTION SECURITY	<input type="checkbox"/>	VIOLENT EXTREMISM

MISSION AREA

Please mark which MISSION AREA that the Agency will support with funding received.

<input checked="" type="checkbox"/>	PREVENTION	<input type="checkbox"/>	RESPONSE
<input type="checkbox"/>	PROTECTION	<input type="checkbox"/>	RECOVERY
<input type="checkbox"/>	MITIGATION		

GRANT BUDGET REQUEST

All information provided in the Grant Budget section is a request. There are no guarantees for funding. Funding may be partial. Please provided items based on priority and NEED. Items MUST be justifiable for the needs listed above for threats and hazards.

CONTRACTUAL SERVICES

Contractual Services should be requested for one (1) year of service only. All expenses must be in accordance to current state and federal guidelines. Agency should be prepared to be able to continue contractual services, if future awards or services are not approved.

Type of Contractual	Amount of Service	Quantity of Service	Total
Installation	\$ 500.00	4	\$ 2,000.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			0.00
TOTAL CONTRACTUAL SERVICES			\$ 2,000.00

EQUIPMENT

*All equipment must be on the FEMA Authorized Equipment List (AEL). You can find the AEL at <https://www.fema.gov/grants/tools/authorized-equipment-list>. Equipment **MUST** be for terrorism based programs and activities. (See Funding Guidance for more information).*

FEMA AEL Number:	Description of Equipment:	Item Cost	Quantity	Equipment Total:
030E-01-ALPR	Solar powered LPR	\$ 7,500.00	4	\$ 30,000.00
030E-01-ALPR	Breakaway LPR poles	\$ 1,500.00	4	\$ 6,000.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
TOTAL COST OF EQUIPMENT				\$ 36,000.00

COMMODITIES/SUPPLIES

Include a detailed assessment of other grant expenses within the program area in which you applying. Also, include a cost estimate for all additional grant expenses (e.g., gloves, traffic safety cones, flashlights, reflective safety vest, triage kits, etc.) All expense must be in accordance to current state and federal guidelines. These items are disposable and not equipment.

ITEM	ITEM COST	QUANTITY	TOTAL COST
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
TOTAL COST OF COMMODITIES/SUPPLIES			\$ 2,000.00

OTHER EXPENSES

Additional items listed in this category must have detailed justification for requests. These items do not fall within any of the above listed categories.

Type of Expense	Item/Description	COST	TOTAL
Travel			
Travel			
Travel			
Travel			
Travel			
TOTAL OTHER EXPENSES			\$ 0.00
ADDITIONAL JUSTIFICATION FOR OTHER EXPENSES			
TOTAL AMOUNT REQUESTED			\$ 40,000.00

PRIOR GRANT EXPERIENCE

Please answer YES or NO to the following questions.

	<u>YES</u>	<u>NO</u>
Has your agency received federal and/or state grants similar to the MOHS Grant?	x	
Does your agency have at three (3) years of receiving federal grant funds? Does not have to be MOHS related.	x	
Has your agency received MOHS Grant funds within the past three (3) years?	x	
Has your agency ever received any corrective actions from a Audit Report?		x
Has the agency administration remained unchanged during the 2024 grant year? For example: (Chief, Sheriff, SGA, Financial Officer, Program Staff)	X	
Can this project be completed by August 30, 2026?	X	

AGENCY AUDIT

Non-federal organizations, which expend \$1,000,000.00 or more in federal funds during a fiscal year, will be required to have an audit performed in accordance with 2 CFR Part 200, Subpart F. Applicant **MUST** provide a copy of their latest audit report, if Applicant meets the funding threshold. Attach a copy of the latest audit to this Application.

	I certify that the Applicant's associated city/county/organization does <u>NOT</u> expect, to be required to have an audit performed under 2 CFR Part 200, Subpart F, for the above listed program.
X	I certify that the Applicant's associated city/county/organization, <u>WILL BE</u> required to have an audit performed under 2 CFR Part 200, Subpart F. A copy of the audit report <u>MUST</u> be attached at the time of Application submission.

NIMS COMPLIANCE

As part of the Grant Application process, each agency **MUST** provide a copy of the NIMS Compliance certifications. This includes NIMS Certifications 100, 200, 700, 800, for a one (1) member of the agency. If a member of the agency needs to complete this training they can go to: <https://training.fema.gov/nims/>. Documentation **MUST** be attached at the time of Application submission.

APPLICATION SUBMISSION COMPLIANCE/ APPLICATION CONTACT

I certify that I am an employee of the aforementioned agency or have been hired by the agency to apply on their behalf for the Grant. All parties have knowledge and approved of the contents of this Application, Budget Request and all information provided within.

Steve Quarles

Digitally signed by Steve Quarles
Date: 2025.03.25 09:02:49 -05'00'

APPLICANT SIGNATURE

3/24/2025

DATE

Steve Quarles

Director of Emergency Management

APPLICANT NAME (PLEASE PRINT)

APPLICANT TITLE



Mississippi Office of Homeland Security

Homeland Security Grant Program

Grant Application

DATE OF APPLICATION		03/24/2025	
NAME OF AGENCY		Lafayette County Sheriff's Department	
MAILING ADDRESS		711 Jackson Ave, East	
CITY	Oxford	ZIP CODE	38655
COUNTY	Lafayette		
AGENCY CONTACT NAME		Steve Quarles	
CONTACT PHONE NUMBER		(662) 816-3821	
CONTACT EMAIL ADDRESS		squarles@lafayettecoms.com	
SIGNATORY AUTHORIZED OFFICIAL		Brent Larson, Board President	
<i>(Name of Mayor, Board President, Commissioner, Head of Agency, etc.)</i>			
AUTHORIZED OFFICIAL EMAIL		blarson@lafayettecoms.com	
UEI NUMBER	LMCWJ3XFUF25	EXP DATE	05/21/2025
<i>* Please provide a copy of UEI number and current status, as shown in SAM.gov.</i>			
CONGRESSIONAL DISTRICT		1st Congressional District	
GRANT APPLICANT FUNDING REQUEST BY COST CATEGORY			
COST CATEGORY		AMOUNT REQUESTED	
CONTRACTUAL SERVICES		\$ 6,000.00	
EQUIPMENT		\$ 220,000.00	
COMMODITIES/SUPPLIES			
OTHER			
TOTAL OF GRANT AMOUNT REQUESTED		\$ 226,000.00	

PROBLEM IDENTIFICATION & DESCRIPTION

AGENCY DEMOGRAPHIC INFORMATION

NUMBER OF SQUARE MILES	679
POPULATION	55,813
NUMBER OF AGENCY STAFF	130

AGENCY TYPE

<input checked="" type="checkbox"/>	LAW ENFORCEMENT	<input type="checkbox"/>	FIRE SERVICE	<input type="checkbox"/>	EMERGENCY SERVICES/EMA
<input type="checkbox"/>	CITY/COUNTY	<input type="checkbox"/>	SCHOOL DISTRICT	<input type="checkbox"/>	OTHER

II. AGENCY'S TOP TERRORISM THREAT & TERRORISM HAZARD

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BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM THREAT

Diverse extremist ideologies present in the county pose the greatest terrorism threat to the county. The University of Mississippi, located in the heart of Oxford, brings individuals from all over the globe to our county, some of which have radically extreme views. When this is coupled with the existence and ever growing presence of domestic groups and gangs, which include: Aryan Brotherhood, MS13, 4SK, Simon City Royals, Vice Lords, Bloods, Crypts, Dixie Mafia, KKK, Right wing extremist, and Anti-Abortion groups, the threat of terrorist activities only becomes more likely. With a wealthy student population as a target, many of the gangs entering our county bring in illicit drugs, increasing the presence of this threat.

"TERROISM HAZARD" is a potentially dangerous or harmful threat that is can unwanted outcomes. Hazards can include threats of terrorism, bomb scares, bombings, use of chemical, nuclear, and radiological weapons. A hazard is an intent to cause mental or physical injury or death for the purpose of advancing a person, organization, or agenda of extreme fear and intimidation.

BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM HAZARD

The University of Mississippi is classified as a soft target and poses the largest terrorism hazard for the county. With an enrollment of 21,596 and its ability to attract over 100,000 to some of its SEC football games, the University of MS could be an attractive target to those intent on striking terror. The increased number of people the University attracts brings added stress to the resources presently in the county. Along with the diversity of its population, the University contains groups that are activist, prone to protest, and can quickly get out of control. Recent studies by the City of Oxford indicate that on a given day more than 100,000 individuals are in the geographical boundaries of the City of Oxford. So even though the residential population of the county is between 50 and 60 thousand. Those commuting to our county for work, school, shopping, or entertainment greatly exceeds 100,000. The numbers increase the likelihood for our community to be targeted. It also increases the likelihood terrorist activities can go unnoticed.

PREPAREDNESS GAPS

Provide a detailed description of any preparedness gaps that hinder your agency's ability to prevent, protect, mitigate, respond to, and recover from threats and hazards. Include in the following information in your response:

1. A clear identification of the Agency PREPAREDNESS GAP(s), include operational or resource(s) deficiencies of the agency.

Lafayette County operates a shooting range that is used to train and certify over 20 law enforcement agencies. It also used by church groups to train their security teams. The facility lacks a shooting house that can be reconfigured to simulate different real life structures and scenarios.

This resource gap, allows for training deficiencies. The ability to reconfigure the shoot house design will allow responders to be prepared for different scenarios.

2. The process or method used to identify the PREPAREDNESS GAP(s) (e.g., specific real-training events, training exercises, threat assessment, or after-action reports). Use specific data and provide examples to illustrate how these PREPAREDNESS GAP(s) have impacted your agency's operations.

The gap was identified in training exercises where trainers were unable to simulate real world situations like school configurations, church, and other specific designs. It was also noted that other training facilities, that were not feasible for these agencies to attend, had those resources.

3. Describe how the requested funding, resources, training, or equipment will increase your agency capabilities to address these PREPAREDNESS GAP(s).

Funding would be utilized to purchase a non-ballistic, modular shooting house kit that could be quickly reconfigured to simulate known soft target locations. This training kit would be utilized by the 20 plus LE agencies plus church and non-profit groups for their security training. The more realistic training will help the community build resilience in its response to events, increase the operational coordination of agencies in their response, and further advance public/private usage of this resource that is true to life training.

4. Explain how this project will support **TERRORISM PREPAREDNESS and RESPONSE for the agency?**

This project will support the training of responders for domestic terrorist, and gang related events. The project will allow for simulation of soft target scenarios by each of the agencies utilizing the training site.

NATIONAL PRIORITY

Please mark which National Priority that the Agency will support with funding received.

<input checked="" type="checkbox"/>	COMMUNITY PREPAREDNESS	<input type="checkbox"/>	INFORMATION & INTELLIGENCE SHARING
<input type="checkbox"/>	CYBERSECURITY	<input checked="" type="checkbox"/>	SOFT TARGETS/CROWDED PLACES
<input type="checkbox"/>	ELECTION SECURITY	<input checked="" type="checkbox"/>	VIOLENT EXTREMISM

MISSION AREA

Please mark which MISSION AREA that the Agency will support with funding received.

<input type="checkbox"/>	PREVENTION	<input checked="" type="checkbox"/>	RESPONSE
<input type="checkbox"/>	PROTECTION	<input type="checkbox"/>	RECOVERY
<input type="checkbox"/>	MITIGATION		

GRANT BUDGET REQUEST

All information provided in the Grant Budget section is a request. There are no guarantees for funding. Funding may be partial. Please provided items based on priority and NEED. Items MUST be justifiable for the needs listed above for threats and hazards.

CONTRACTUAL SERVICES

Contractual Services should be requested for one (1) year of service only. All expenses must be in accordance to current state and federal guidelines. Agency should be prepared to be able to continue contractual services, if future awards or services are not approved.

Type of Contractual	Amount of Service	Quantity of Service	Total
Shipping	\$ 6,000.00	1	\$ 6,000.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			0.00
TOTAL CONTRACTUAL SERVICES			\$ 6,000.00

EQUIPMENT

*All equipment must be on the FEMA Authorized Equipment List (AEL). You can find the AEL at <https://www.fema.gov/grants/tools/authorized-equipment-list>. Equipment **MUST** be for terrorism based programs and activities. (See Funding Guidance for more information).*

FEMA AEL Number:	Description of Equipment:	Item Cost	Quantity	Equipment Total:
20-TE-NTRY	Large Shoot house kit	\$ 220,000.00	1	\$ 220,000.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
TOTAL COST OF EQUIPMENT				\$ 220,000.00

COMMODITIES/SUPPLIES

Include a detailed assessment of other grant expenses within the program area in which you applying. Also, include a cost estimate for all additional grant expenses (e.g., gloves, traffic safety cones, flashlights, reflective safety vest, triage kits, etc.) All expense must be in accordance to current state and federal guidelines. These items are disposable and not equipment.

ITEM	ITEM COST	QUANTITY	TOTAL COST
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
TOTAL COST OF COMMODITIES/SUPPLIES			\$ 6,000.00

OTHER EXPENSES	
Advertising	100
Commissions	50
Freight	20
Interest	10
Insurance	15
Legal	10
Postage	5
Repairs	10
Supplies	10
Taxes	10
Travel	10
Wages	10
Other	10
Total	200

Additional items listed in this category must have detailed justification for requests. These items do not fall within any of the above listed categories.

Type of Expense	Item/Description	COST	TOTAL
Travel			
Travel			
Travel			
Travel			
Travel			
TOTAL OTHER EXPENSES			\$ 0.00

ADDITIONAL JUSTIFICATION FOR OTHER EXPENSES

TOTAL AMOUNT REQUESTED		\$ 232,000.00
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PRIOR GRANT EXPERIENCE

Please answer YES or NO to the following questions.

	YES	NO
Has your agency received federal and/or state grants similar to the MOHS Grant?	X	
Does your agency have at three (3) years of receiving federal grant funds? Does not have to be MOHS related.	X	
Has your agency received MOHS Grant funds within the past three (3) years?	X	
Has your agency ever received any corrective actions from a Audit Report?		X
Has the agency administration remained unchanged during the 2024 grant year? For example: (Chief, Sheriff, SGA, Financial Officer, Program Staff)	X	
Can this project be completed by August 30, 2026?	X	

AGENCY AUDIT

Non-federal organizations, which expend \$1,000,000.00 or more in federal funds during a fiscal year, will be required to have an audit performed in accordance with 2 CFR Part 200, Subpart F. Applicant **MUST** provide a copy of their latest audit report, if Applicant meets the funding threshold. Attach a copy of the latest audit to this Application.

	I certify that the Applicant's associated city/county/organization does <u>NOT</u> expect, to be required to have an audit performed under 2 CFR Part 200, Subpart F, for the above listed program.
X	I certify that the Applicant's associated city/county/organization, <u>WILL BE</u> required to have an audit performed under 2 CFR Part 200, Subpart F. A copy of the audit report <u>MUST</u> be attached at the time of Application submission.

NIMS COMPLIANCE

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I certify that I am an employee of the aforementioned agency or have been hired by the agency to apply on their behalf for the Grant. All parties have knowledge and approved of the contents of this Application, Budget Request and all information provided within.

Steve Quarles

Digitally signed by Steve Quarles
Date: 2025.03.24 11:37:20 -05'00'

3/24/2025

APPLICANT SIGNATURE

DATE

Steve Quarles

Director of Emergency Management

APPLICANT NAME (PLEASE PRINT)

APPLICANT TITLE