



New Note

Document Landing Page

View document details.

Template

2025 Sheriff's Assistance Grant

Instance

2025 Sheriff's Assistance Grant

Process

OAG Application

Document Name

SAG-2025-MUSKOGEE C-00010

Document Status

Application in Process

Organization

Muskogee County (/Organization/Index?keyID=bc993e93-158d-4444-b39c-b730cc847a70&sym=A0DA938A-3AB2-40A8-93A2-BAFC33FD51F3)

Your Role

Agency Administrator

Period Date

7/1/2025 12:00:00 AM

6/30/2026 11:59:00 PM

Due Date

8/31/2025 11:59:00 PM



Project Title

Sheriff Assistance Grant

Project Description

The Muskogee County Sheriff's Office provides service to approximately 70,000 citizens in our county. We patrol the county, enforce laws, serve civil process and operate a jail that-

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7/21 10:37

Andy Kimber

houses 282 inmates. We maintain security at the courthouse and provide 2 school resource officers to two school districts in the county. We also have a reserve division of 13 people. The sheriff's office employs approximately 90 people comprised of field deputies, investigators, court security deputies, detention officers, and civilian clerical employees.

Total Project Costs

Total: \$

Main Point Of Contact

Name: Kimber Farris

Phone: (918) 687-0202

Email: kfarris@muskogeeso.org

[Go to the top](#)

Agency Information

Agency Specific Information

Please ensure pre-populated information is correct. If not, please navigate to your organization profile to update the information.

Name of Agency:	Muskogee County *				
Type of Agency:	Sheriff's Department *				
Address:	PO Box 2307 *				
City:	Muskogee *	State:	Oklahoma *	ZIP:	74402-2307 *
				County:	Muskogee County *
UEI Number:	NMJKMBUDAA58	Federal ID Number:	73-6006395 *	Supplier ID Number:	0000077012
Website:		Telephone Number:	(918) 682-9601 *		

Contact Information

Authorized Official (Required)	Name: <i>Ken Doke *</i>	Title: <i>County Commisioner *</i>	
	Street Address: <i>3000 North St *</i>	Address 2:	
	City: <i>Muskogee *</i>	State: <i>Oklahoma *</i>	ZIP: <i>74403 *</i>
	Phone: <i>(918) 682-4511 *</i>	Email: <i>cc1@readymuskogee.org *</i>	

Project Director (Required)	Name: <i>Andy Simmons *</i>	Title: <i>Sheriff *</i>	
	Street Address: <i>220 State St *</i>	Address 2:	
	City: <i>Muskogee *</i>	State: <i>Oklahoma *</i>	ZIP: <i>74401 *</i>
	Phone: <i>(918) 687-0202 *</i>	Email: <i>asimmons@muskogeeso.org *</i>	

Main Point of Contact (Required)	<input type="checkbox"/> Same as Project Director		
	Name: <i>Kimber Farris *</i>	Title: <i>Administrative Assistant *</i>	
	Street Address: <i>220 State St *</i>	Address 2:	
	City: <i>Muskogee *</i>	State: <i>Oklahoma *</i>	ZIP: <i>74401 *</i>
	Phone: <i>(918) 687-0202 *</i>	Email: <i>kfarris@muskogeeso.org *</i>	

Fiscal Contact (Required)	Name: <i>Shelly Sumpter *</i>	Title: <i>County Treasurer *</i>	
	Street Address: <i>400 W Broadway #220 *</i>	Address 2:	
	City: <i>Muskogee *</i>	State: <i>Oklahoma *</i>	ZIP: <i>74401 *</i>
	Phone: <i>(918) 682-0811 *</i>	Email: <i>shelly.sumpter@muskogeetreasurer.org *</i>	

Project Information & Description

Instructions:

- Required fields are marked with an *.
- Select the **SAVE** button to save information on each page.
- Save at least every 30 minutes to avoid losing data.
- To access the next or previous page, select the **NEXT** or **PREVIOUS** button below.

Project Title:

Sheriff Assistance Grant

24 of 150

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Type of Project:

Continuation of a previously funded project

▼

*

Project Location	County:	Muskogee County	▼	*	New Note Print Save	
	Street Address:	220 State St		*	Address 2:	220 State St
	City:	Muskogee	*	State:	Oklahoma	▼
	Phone:	(918) 687-0202		*	Email:	asimmons@muskogeeso.org

Click [HERE](#) (ht

Indicate the population of County:

70,000

*

Please enter the population from the most recent US Census.

Description of your Agency Background, Mission, Experience and Capability:

Brief description of your agency, including the number of full-time and part-time employees.

The Muskogee County Sheriff's Office provides service to approximately 70,000 citizens in our county. We patrol the county, enforce laws, serve civil process and operate a jail that houses 282 inmates. We maintain security at the courthouse and provide 2 school resource officers to two school districts in the county. We also have a reserve division of 13 people. The sheriff's office employs approximately 90 people comprised of field deputies, investigators, court security deputies, detention officers, and civilian clerical employees.

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Project Description:

How do you intend to use this year's Sheriffs Assistance Funds?

Brief description of how the funds will used and should correspond to the requested items on the detail budget pages.

How were the previous Sheriffs Assistance Funds used?

Please detail how your last year's Sheriffs Assistance Funds were used. If you requested an extension, please describe why.

911 Dispatch fees, training and equipment for training, Radios, communication equipment, vehicles, patrol equipment.

Stipend

Stipend Rate	Number of Employees	Total Cost
\$3,000.00	85	\$255,000.00
Stipend Grand Total Costs:		\$255,000.00

Narrative:

Please use the box below to explain how grant funds requested on this page will be utilized by the proposed project.

A \$3,000 stipend will be given to all employees at the Muskogee County Sheriff's Office to incentivize continued employment as to compete with other agencies rates of pay. *

Budget Summary

Budget Category	Total
Stipend	\$255,000.00
Travel	\$0.00
Equipment	\$48,724.00
Supplies	\$0.00
Other	\$0.00
Total Project Costs	\$303,724.00

RESOLUTION NO. 2025-XX


BE IT RESOLVED, in accordance with the provisions of 74 O.S. § 20k-1A, the Board of County Commissioners of _____ County approves the Sheriff's Office Funding Assistance Grant Application. The Board certifies that the projects proposed in the application meet applicable requirements of the Grant Program, and that all information presented is correct. By appropriate language incorporated in each grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions apply to all recipients of these state funds.

Approved this _____ day of _____, 2025.

Chair, Board of County Commissioners

ATTEST:

County Clerk

 To 218th day of July, 2025
Chairman [Signature]
Member [Signature]
Member [Signature]
Attest [Signature] County Clerk