

Address 1:

Address 2:

Phone #:

Fax #:

City/State/Zip:

U.S. Department of Justice Office of Community Oriented Policing Services (COPS) COPS Extension Request Form

OMB Approval Number: 1103-0093Expiration Date: 05/31/2009

The fol	llowing C	OPS [grant program type] grant/cooperative agr	reement is currently s	set to expire on	mm/dd/yyyy:
ORI #: Grant #		[Full-time Officers 2 [Part-time Officers 2	Awarded: ##]	Pro	oject Start Date: mm/dd/yyyy oject End Date: mm/dd/yyyy
SECTI	ION I:	This extension request form will allow your ag to complete the federal funding period and rec Requesting and/or receiving a time extension "Frequently Asked Questions" document for m	quirements for the gon will not provide	rant/cooperativ additional fur	e agreement award listed above. nding. Please read the enclosed
A.	<u>Please</u>	select the option below that best meets your a	gency's needs:		
(OMB	extensic Section Note: op O An e O [A 6 O [A 1: O [An	: If the extension request you indicate below (on for this award) exceeds [18] months from II on the following page(s).] Months this award tions will vary according to program—some pattension is NOT needed; we will complete the genonth extension is needed. (You are [not] requests of more than 18 months, provide a new	the original end dand dand dand dand dand dand dand	te of this grant extended: [0] I to complete seement by the ection II.)] Section II.)]	t, you are required to complete ection II earlier than others.) current end date.
etc.).	O Hirin O Equi O Adm O Dela	ng delays (initial hiring delays, extended vacance pment delays (procurement, requests for propositions inistrative delays (change in executives/administrys in implementing applied research project. r (please explain):	ies, lack of qualified	candidates, sch	neduled academy, etc.). training, not fully operational,
В.					
Printed	Name of	Requester Title of Requester	Signature of F	Requester	Date Signed
D. Re	eturn this	v change to the agency information listed below request to us via fax at (202) [XXX-XXXX] or r U.S. Department o 1100 Vermo Washington, DC 20530 [200 Attn: [Program	mail the completed for Justice, COPS Offint Avenue, N.W. 05 if using an overnous Team Control Designation of the Control Designat	orm(s) to COPS fice ight carrier] k	S at the address listed below:
	Enforceme	cy Information Listed in COPS Files: ent Executive]:	[Law Enforcement Legal Name:		Agency Information:

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COPS Extension Worksheet ORI#:

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OMB Approval Number: 1103-0093

Legal Name:
Grant Number:
[Supplement # #]

SECTION II: JUSTIFICATION FOR	AMOUNT OF TIME R	EQUESTED
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(OMB Note: Section II is sent to grantees that request more than a set amount of time as defined by the choice they select under Section I A . Hiring grantees that are required to fill out Section II will complete Section II A and the first section B that is on this page. COPS grantees with other types of grants will be required to fill out Section II A and the second section B that is on the next page. Grantees will only receive the Section B appropriate to their grant. The form is only two pages in length.)

leng	th.)			
				please respond to the questions stions thoroughly could delay
If a	additional space is needed to	answer the questions below, p	olease continue your response	on department letterhead.
		erative agreement. Additiona		rs in the implementation and/or agency intends to address the
	required to provide us with the under this grant. Use the forms Step 1: Indicate the type of po Step 2: In the "Total Months been filled from the g to turnover, please d position, and then indicate Step 3: Indicate if the position Step 4: If a position is currently	e information requested below at below for your response. sition (full or part-time) for when the Under Grant" column, indicated a carant award start date to present the cumulative number that total amount of time listed is currently filled. y vacant, please provide us wi	Described to include any position of the total amount of time, in the total amount of time, in the total amount of the total amount of time, in	n months, that the position has d a COPS-funded position due hat have been employed in that
	• • •	-	5	utilized 36 months of funding.
	Type of Position	Total Months Under Gran	t Position Currently Filled?	-
Exa	mple: Full-Time	24	Yes	N/A
	Part-Time	10	No	10/1/06
You	ır Agency:			

Reminder: If you do not intend to fill a position in the near future, you may wish to consider a grant modification or

withdrawal to eliminate that position. Additionally, your agency is entitled to a maximum of 36 months of grant funding for each position awarded. At the conclusion of this period, your agency must implement the retention period for each awarded position using local funds.

Paperwork Reduction Act Notice: A person is not required to respond to a collection of information unless it displays a valid OMB control number. The public reporting burden for this collection of information is estimated to be up to one half-hour per response, depending upon the COPS program being extended, which includes time for reviewing instructions. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the COPS Office; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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B.
In the space below, please provide a new timeline that reflects when your agency plans to complete any steps or phases of
the project that are not currently finished. This timeline should be in a monthly format, and indicate up to the newly
requested end date what tasks your agency will be working on. During months in which you anticipate no activity taking
place, please indicate that as well.
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