

Monitoring Request for Documentation

COPS Office-Based Grant Review

ORI: <<INSERT ORI#>>

Grantee: <<INSERT LEGAL NAME

Grants: <<GRANT NUMBER>> <<GRANT NUMBER>> <<GRANT NUMBER>>

Please provide the information below within 30 calendar days of <<INSERT DATE OF LETTER>>

1. Lists for each grant including:

- Local Match \$
- Local Match Source
- Name
- Rank
- Hire and termination date
- Salary and benefits for the initial, and any subsequent officer/deputy funded by the grant

2. Documents detailing sworn, budgeted and actual, staffing levels for the following date(s):

- <<DATE>>
- <<DATE>>
- <<DATE>>
- <<DATE>>
- <<DATE>>
- Current

A Budgeted and Actual Strength Chart has been provided as a guide for this purpose. You may use the chart as a template, or you may submit your own chart, as long as the information you provide contains the information requested on the attached. In addition, please submit supporting documentation with completed chart.

3. Documents indicating your department's intent to retain the grant-funded positions at the conclusion of the COPS grants and/or **documentation that demonstrates that these position(s) have been retained with local funds for one full local budget cycle following the end of the grant period.**

<<OMB Note: The information in this section is grantee specific and may be modified per the Grant Monitoring Specialist's assessment>>

Elements of an acceptable retention plan **must include** the following:

- a. Document co-signed by Chief Law Enforcement Official and Government Executive.
- Identification of the grants covered by the retention plan
 - The anticipated source of funding for the positions retained
 - The number of positions being retained
- b. Supporting documents, if available, such as:
- local council minutes
 - inter-office memoranda,
 - local government elected officials memoranda
 - future budget projections

(A cover letter should be provided explaining retention figures within the budget.)

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4. Training Special Condition Requirements

<<OMB Note: The following information is grantee specific and may be modified per the Grant Monitoring Specialist's assessment>>

Based on our initial review, we did not find evidence of your department having met the training special condition requirement under the grant. If your department has met the special condition requirement, please provide documentation demonstrating that the two required community policing trainings have been attended.

5. Request for Delinquent Reports

Grants: <<GRANT NUMBER>> <<GRANT NUMBER>> <<GRANT NUMBER>>

During our initial review, the COPS office determined that your department is delinquent in submitting <<LIST NUMBER>> required report(s).

Please provide the following delinquent reports within 30 calendar days of <<INSERT DATE OF LETTER>>

<<OMB Note: The following information is grantee specific and may be modified per the Grant Monitoring Specialist's assessment>>

<<LIST MISSING REPORTS AS APPROPRIATE>>

- <<Report 1>>
- <<Report 2>>
- <<Report 3>>

- Etc.

COPS Office-Based Grant Review
BUDGETED AND ACTUAL STRENGTH CHART

ORI: <<INSERT ORI#>>

Grantee: <<INSERT LEGAL NAME>>

Total number of COPS funded sworn positions: FT <<##>> PT <<##>>

Total number of COPS sworn positions hired: FT <<##>> PT <<##>>

Number of COPS sworn positions vacant: FT <<##>> PT <<##>>

Total number of agency sworn, non-COPS positions vacant: FT <<##>> PT <<##>>

Date vacant positions will be filled: _____

Comments:

Identify budgeted and actual sworn force levels for non-COPS funded positions.

Dates	Budgeted Strength		Actual Strength	
	Full-Time	Part-Time	Full-Time	Part-Time
<<DATE>>				
<<DATE>>				
<<DATE>>				
<<DATE>>				

<<DATE>>				
<<DATE>>				
<i>Current</i>				

This form was completed by:

Print name: _____

Sign name: _____ Date: _____

Date(s) of Hire and Retention Worksheet

Grant Number: <<GRANT NUMBER>>

Position Number	Full Time	Part Time	FUNDING DATA		
			Hire Date	Termination Date	Retention Date

Grant Number: <<GRANT NUMBER>>

Position Number	Full Time	Part Time	FUNDING DATA		
			Hire Date	Termination Date	Retention Date

Grant Number: <<GRANT NUMBER>>

Position Number	Full Time	Part Time	FUNDING DATA		
			Hire Date	Termination Date	Retention Date

This form was completed by:

Print name: _____

Sign name: _____ Date: _____

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