

COPS Hiring Recovery Program (CHRP) Progress Report

This survey pertains to the <TOTAL # FULL-TIME > COPS officer position(s) awarded under the following grant as of < DATE COPS SETS>.

Grant Program	Grant #	New Hires	Rehires Pre-Application Layoffs	Rehires Post-Application Layoffs
CHRP	Grant Number	5	3	3

COPS FUNDED OFFICER INFORMATION

As of <DATE COPS SETS>, how many COPS grant position(s) were **filled**?

Grant Program	Grant #	New Hires	Rehires Pre-Application Layoffs	Rehires Post-Application Layoffs
CHRP	Grant Number	3	2	2

As of <DATE COPS SETS>, how many of the unfilled COPS grant position(s) **do you intend to fill**?

Grant Program	Grant #	New Hires	Rehires Pre-Application Layoffs	Rehires Post-Application Layoffs
CHRP	Grant Number	1	1	1

As of <DATE COPS SETS>, how many of the unfilled grant position(s) are **not going to be filled**?

Grant Program	Grant #	New Hires	Rehires Pre-Application Layoffs	Rehires Post-Application Layoffs
CHRP	Grant Number	1	0	0

*For the position(s) you do not intend to fill, please contact your Grant Program Specialist at 1-800-421-6770 to discuss a grant modification and/or withdrawal.

System Note: This question will only be asked once annually.

COPS grantees are required to retain all sworn officer position(s) awarded under the CHRP grant with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position. This means that the retained CHRP-funded position(s) must be added to your agency's law enforcement budget, over and above the number of locally-funded sworn officer positions that would exist in the absence of the grant. Absorbing your COPS-funded officer positions through attrition (rather than adding extra positions to your budget with additional funding) does not meet the retention requirement.

COPS CHRP Grant #1

- I certify by checking this box that, as stated in my original grant application, my agency plans to retain the additional sworn officer position(s) awarded under the CHRP grant with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position.
- Please check this box if your agency has any questions about the retention requirement and/or is concerned about your agency's ability to retain the officer position(s) due to fiscal distress or other extenuating circumstances. The COPS Office will contact you to provide you with additional grant implementation assistance. Please provide a brief explanation below of your question or concern.

If not already under COPS Office review, do you require grant assistance with any of the following? (Check all that apply):

- Grant Modification
- Grant Extension
- Hiring/Recruitment Information
- Community Policing Assistance
- Grant Reimbursement Assistance
- Grant Withdrawal
- Financial Status Report Questions
- Other (please explain in 500 characters or less):

PERFORMANCE MEASURE SECTION:

Community Policing Capacity

The questions in this section refer to the grant number identified below and how it may have assisted your agency.

**Example:
Group I**

Grant Program	Grant #	Award Amount
CHRP	Grant Number	\$125,000

Increasing Community Policing Capacity: Grant Resources

Develop Community/Law Enforcement Partnerships

The COPS Office is interested in determining to what extent (if any) your agency’s CHRP grant has assisted your agency to increase your capacity to develop collaborative partnerships with individual and organizational stakeholders in the community you serve.

Please use a 10-point scale, where “1” means “Strongly Disagree” and “10” means “Strongly Agree.” If an item does not apply to you please select “N/A.”

Has the CHRP grant assistance that you received from the COPS Office increased your agency’s capacity to do the following?

P1- Regularly distribute relevant crime and disorder information to community members.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P2- Routinely seek input from the community to identify and prioritize neighborhood problems (e.g., through regularly scheduled community meetings, annual community surveys, etc.).

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3- Regularly collaborate with other local government agencies that deliver public services.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P4- Regularly collaborate with non-profit organizations and/or community groups.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P5- Regularly collaborate with local businesses.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P6- Regularly collaborate with informal neighborhood groups and resident associations.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problem-Solving

The COPS Office is interested in determining to what extent (if any) your agency’s CHRP grant has assisted your agency to increase your capacity to use problem-solving. Problem-solving is an analytical process for systematically 1) identifying and prioritizing problems, 2) analyzing problems, 3) responding to problems, and 4) evaluating problem-solving initiatives. Problem-solving involves an agency-wide commitment to go beyond traditional police responses to crime to proactively address a multitude of problems that adversely affect quality of life.

Please use a 10-point scale, where “1” means “Strongly Disagree” and “10” means “Strongly Agree.” If an item does not apply to you please select “N/A.”

Has the CHRP grant assistance that you received from the COPS Office increased your agency’s capacity to do the following?

PS1-Routinely incorporate problem-solving principles into patrol work.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PS2-Identify and prioritize crime and disorder problems through the routine examination of patterns and trends involving repeat victims, offenders, and locations.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PS3-Routinely explore the underlying factors and conditions that contribute to crime and disorder problems.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PS4-Systematically tailor responses to crime and disorder problems that address their underlying conditions that

contribute to them.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PS5- Regularly conduct assessments to determine the effectiveness of responses to crime and disorder problems.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Organizational Change

The COPS Office is interested in determining to what extent (if any) your agency’s CHRP grant has assisted your agency to increase your capacity to transform your agency environment, organizational structure, personnel, practices, and policies to support the community policing philosophy and community policing activities.

Please use a 10-point scale, where “1” means “Strongly Disagree” and “10” means “Strongly Agree.” If an item does not apply to you please select “N/A.”

Has the CHRP grant assistance that you received from the COPS Office increased your agency’s capacity to do the following?

OC1-Incorporate community policing principles into your agency’s mission/vision statement and strategic plan.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OC2-Practice community policing as an agency-wide effort involving all staff (i.e., not solely housed in a specialized unit)

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OC3-Incorporate problem-solving and partnership activities into personnel performance evaluations.

Strongly Disagree										Strongly Agree	N/A
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The COPS Office is committed to continuously improving our processes and systems based upon grantee feedback. Please rate your overall satisfaction with this online Progress Report:

Please use a 10-point scale, where “1” means “Highly Dissatisfied” and “10” means “Highly Satisfied”.

Highly Dissatisfied

Highly Satisfied

- 1 2 3 4 5 6 7 8 9 10
○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Do you have any best practices or success stories that you would like to share with the COPS Office related to CHRP officer activities? *(Optional Question)*

Certification and Contact Information

Title of Person Completing this Report:

First and Last Name of Person Completing this Report:

E-mail of Person Completing this Report (if applicable):

Phone Number of Person Completing this Report:

Please type your name here in place of your signature:

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that false statements or claims made in connection with COPS grant awards may result in fines, imprisonment, debarment from participating in Federal grants or contracts, and/or any other remedy available by law to the Federal Government. Please be advised that a hold may be placed on COPS grant awards if it is deemed that the agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

PAPERWORK REDUCTION ACT NOTICE

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