

## ***COPS Hiring Recovery Program (CHRP) Progress Report***

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

<b>Grant Program</b>	<b>Grant #</b>	<b>New Hires</b>	<b>Rehires Already Laid Off at time of application</b>	<b>Rehires Scheduled to be Laid Off at time of application</b>
COPS CHRP Grant #1	Grant Number	5	3	3

### ***COPS FUNDED OFFICER INFORMATION***

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

<b>Grant Program</b>	<b>Grant #</b>	<b>New Hires</b>	<b>Rehires Already Laid Off at time of application</b>	<b>Rehires Scheduled to be Laid Off at time of application</b>
COPS CHRP Grant #1	Grant Number	3	2	2

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

<b>Grant Program</b>	<b>Grant #</b>	<b>New Hires</b>	<b>Rehires Already Laid Off at time of application</b>	<b>Rehires Scheduled to be Laid Off at time of application</b>
COPS CHRP Grant #1	Grant Number	1	1	1

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

<b>Grant Program</b>	<b>Grant #</b>	<b>New Hires</b>	<b>Rehires Already Laid Off at time of application)</b>	<b>Rehires Scheduled to be Laid Off at time of application</b>
COPS CHRP Grant #1	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.

Does your agency intend to retain with State and local funds the additional officer position(s) awarded under the COPS grant(s) for at least 12 months following the project end date?\*

Please mark the appropriate box below to indicate if the position(s) will be retained for each grant. Also, be sure to provide a reason if the position(s) will not be retained.

\*COPS grantees are required to retain the increased number of officer positions awarded with local or state funds for at least 12 months following the 36-month funding period for each position awarded. This means that the additional officer positions should be added to your agency's law enforcement budget over and above all of the other locally funded positions that would exist regardless of the grant. Absorbing your COPS-funded officer positions through attrition (rather than adding extra positions to your budget with additional funding) will not meet the retention requirement.

**COPS CHRP Grant #1**

**New Hires: 5, Rehires (laid off): 3, Rehires (scheduled for lay-off): 3**

- All of the position(s) awarded under this grant **will be** retained.
- Some of the position(s) awarded under this grant **will not** be retained.  
(Enter the number of position(s) that you do not plan to retain below)

**New Hires: 0 Rehires (already laid off at time of application): 0 Rehire (scheduled to be laid off at time of application): 0**

**Please mark the reason(s) that the retention requirement will not be met.**

(Check all that apply):

- Severe fiscal distress       Need to withdraw       Lack of qualified candidates
- Change in administration       Staff turnover       Temporary hiring freeze
- Other (please explain in 500 characters or less):

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

- Grant Modification       Grant Reimbursement Assistance
- Grant Extension       Grant Withdrawal
- Retention Issues       Hiring/Recruitment Information
- Community Policing Assistance       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(s) identified below and how it may have assisted your agency.

**Example:  
Group I**

Grant Program	Grant #	Award Amount
<b>CHRP</b>	<b>Grant Number</b>	<b>\$125,000</b>

**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(s) have 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- Distributes 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- 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- 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- 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"/>



PS4-Tailor responses to crime and disorder problems that address the 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- 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(s) have 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

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

Highly  
Satisfied

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

The public reporting burden for this collection of information is estimated to be up to one hour per response including time for searching existing data sources, gathering the data needed, and completing and reviewing the report. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-#### and the expiration date is MM/DD/YYYY.