**COPS Active Progress Report**

**PROJECT IMPLEMENTATION STATUS**

# Hiring Questions

This survey pertains to the <**TOTAL # FULL-TIME** > COPS officer position(s) awarded under the following grant as of **< *Last day of the reporting period*>.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Program | **Grant #** | New Hires | **Rehires**  **Pre-Application Layoffs** | **Rehires**  **Post-Application Layoffs** |
| CHRP | 2010RKWX0001 | 5 | 3 | 3 |
| CHP | 2010RLWX0005 | 3 | 0 | 0 |

## COPS FUNDED OFFICER INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. As of **< *Last day of the reporting period* >**, how many COPS grant position(s) were **filled**? | | | | |
| **Grant Program** | **Grant #** | **New Hires** | **Rehires**  **Pre-Application Layoffs** | **Rehires**  **Post-Application Layoffs** |
| CHRP | 2010RKWX0001 | 3 | 2 | 2 |
| CHP | 2010RLWX0005 | 2 | 0 | 0 |
| 2. As of **< *Last day of the reporting period* >**, 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 | 2010RKWX0001 | 1 | 1 | 1 |
| 2a. Of the CHRP position(s) that you intend to fill, what is the status of each of these position(s).  \_\_\_\_\_\_\_\_ Recruiting/hiring process has not yet started  \_\_\_\_\_\_\_\_ In the recruiting/hiring process (e.g., career fairs, interviews, background checks)  \_\_\_\_\_\_\_\_ In the training academy  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 0-3 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 4-6 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 7-9 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 10-12 months | | | | |
| CHP | 2010RLWX0005 | 1 | 0 | 0 |
| 2a. Of the CHP position(s) that you intend to fill, what is the status of each of these position(s).  \_\_\_\_\_\_\_\_ Recruiting/hiring process has not yet started  \_\_\_\_\_\_\_\_ In the recruiting/hiring process (e.g., career fairs, interviews, background checks)  \_\_\_\_\_\_\_\_ In the training academy  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 0-3 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 4-6 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 7-9 months  \_\_\_\_\_\_\_\_ Number of positions scheduled to start in 10-12 months | | | | |
| 3. As of < ***Last day of the reporting period* >**, 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 | 2010RKWX0001 | 1 | 0 | 0 |
| CHP | 2010RLWX0005 | 0 | 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. | | | | |

***Developers Note:*** *This question will only be asked once annually during the 1st calendar quarter in January.*

|  |
| --- |
| COPS hiring grantees are required to retain all sworn officer position(s) awarded under the Hiring 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 COPS 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. |
| 4. 2010RKWX0001  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 Hiring 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.  (*please explain in 1000 characters or less*):  4. 2010RLWX0005  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 Hiring 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.  (*please explain in 1000 characters or less*): |
|  |
|  |

5. Does your agency require programmatic assistance for the grant(s) listed below at this time to ensure successful implementation of this project?

|  |  |
| --- | --- |
| **2010RKWX0001**  **CHRP** | **2010RLWX0005**  **CHP** |
| Yes No | Yes No |

***Developers Note:*** *This question will appear for each “yes” answer above. A grant row will appear for each “Yes” selection.*

5a. Please identify what type of programmatic assistance you require.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Grant Modification Needed | Grant Extension Needed | Community Policing Assistance | Grant Withdrawal Needed | Federal Financial Report Question | Retention Issue | Other |
| 2010RKWX0001 CHRP |  |  |  |  |  |  |  |
| 2010RLWX0005CHP |  |  |  |  |  |  |  |

***Developers Note****: If “other” is selected, a text box will appear. Also, add link to FAQ for modification and extension or instructions for completing mod and ext.*

CHRP 2009RKWX0001 (*please explain in 1000 characters or less*):

**Non-Hiring Questions**

6. During the reporting period, did your agency complete the purchase of all of the equipment, technology, training, background investigations and/or other cost items in your approved project budget?

|  |  |
| --- | --- |
| **2010CKWX0123**  **Technology** | **2010CKWXK005**  **CPD** |
| Yes No NA | Yes No NA |

6a. Please check the reason(s) below that best explains why you have not completed all of your purchases (*check all that apply*):

***Developers Note:*** *This question will appear for each “no” answer above. A grant row will appear for each “no” selection.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Purchasing in progress | Change in administration | Vendor delays | Procurement issues | Technical issues | Sole Source Approval Needed | Other |
| 2010CKWX0123 Technology |  |  |  |  |  |  |  |
| 2010CKWXK005CPD |  |  |  |  |  |  |  |

***Developers Note:*** *a text box will appear for each “other” check box selected above.*

2010CKWX0123 (*please explain in 1000 characters or less*): *Note: box only appears if “other” selected above*

2010CKWXK005 (*please explain in 1000 characters or less*): *Note: box only appears if “other” selected above*

7. Has your agency hired all non-sworn/civilian personnel awarded in your approved project budget?

|  |  |
| --- | --- |
| **2010CKWX0123**  **Technology** | **2010CKWXK005**  **CPD** |
| Yes No NA | Yes No NA |

***Developers Note:*** *For each “no” response, the agency will receive this question. A grant row should appear for each “no” selection.*

7a. Please check the reason(s) below that best describes the hiring status (*check all that apply*):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Recruitment/ Hiring in Progress | Staff Turnover | Lack of Qualified Candidates | Change in Administration | Temporary hiring freeze | Other |
| 2010CKWX0123 Technology |  |  |  |  |  |  |
| 2010CKWXK005CPD |  |  |  |  |  |  |

2010CKWX0123 (*please explain in 500 characters or less*): *Note: box only appears if “other” selected above*

2010CKWXK005 (*please explain in 500 characters or less*): *Note: box only appears if” other” selected above*

8. During the reporting period, has your agency satisfied all the programmatic grant requirements?

|  |  |
| --- | --- |
| **2010CKWX0123**  **Technology** | **2010CKWXK005**  **CPD** |
| Yes No | Yes No |

***Developers Note:*** *For each “no” response the agency will receive question 8a.*

8a. Do you plan to meet the grant requirements and fully implement this grant in subsequent reporting periods?

|  |  |
| --- | --- |
| **2010CKWX0123**  **Technology** | **2010CKWXK005**  **CPD** |
| Yes No | Yes No |

***Developer Note:*** *For each “no” response, the agency will receive this question:*

8a1. Please explain why you do not plan to fully implement this grant (1000 characters or less):

9. Does your agency require programmatic assistance at this time to ensure successful implementation of this project?

|  |  |
| --- | --- |
| **2010CKWX0123**  **Technology** | **2010CKWXK005**  **CPD** |
| Yes No | Yes No |

***Developers Note:*** *For each “Yes” response to the question above, the agency will receive the next question:*

***Developers note:*** *A grant row will appear for each “Yes” selection above*

9a. Please identify what type of programmatic assistance you require.(C*heck all that apply*):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Grant Modification Needed | Grant Extension Needed | Sole Source Approval Needed | Community Policing Asst | Grant Withdrawal Needed | Federal Financial Report Question | Consultant Rate Approval Needed | Other |
| 2010CKWX0123 Technology |  |  |  |  |  |  |  |  |
| 2010CKWXK005CPD |  |  |  |  |  |  |  |  |

***Developers Note:*** *a text box will appear for each “other” check box selected above. Also, add link to FAQ for modification and extension or instructions for how complete a mod or ext.*

2010CKWX0123 (*please explain in 1000 characters or less*): *Note: box only appears if other selected above*

2010CKWXK005 (*please explain in 1000 characters or less*): *Note: box only appears if other selected above*

***Developers Note:*** *This question only applies to the Methamphetamine (Meth) grant program. The question will only appear if the grantee has a 2007 Meth grant.*

10. Does your agency currently intend to develop a plan to assess the results of this project?

|  |
| --- |
| **2010CKWX0123**  **Meth** |
| Yes No |

10a. Please explain why you not plan to assess the results of this project.(1000 characters or less).

***Developers Note:*** *This question only applies to certain Cooperative Agreements under the Community Policing Development (CPD) grant program. The question will only appear if certain grantees have a cooperative agreement under the CPD program.*

Grant Program Grant #

**CPD 2006CKWXK0005**

11. Please discuss the status of each goal and deliverable scheduled to be achieved, as of the reporting period, including any barriers or challenges you have experienced in implementing your project.  *(Developers* ***Note:*** *The second sentence will only appear if they have a FY07 and beyond grant.)*  In addition, please discuss your progress in evaluating the effectiveness and outcomes of activities implemented as a result of this project, and how this progress is consistent with the COPS Office's mission to advance Community Policing through increasing the capacity of law enforcement agencies to implement community policing strategies.

(*Please explain in 2,000 characters or less*)

12. Please describe any planned marketing efforts for the deliverables or project outcomes.

(*Please explain in 2,000 characters or less*)

**Community Policing Capacity**

***Developers Note:*** *These questions should be asked of all 2007 and later grantees. Questions should be asked once per agency. We will also only ask this section once annually in the January report*.

**Community Policing**

***Developers Note:*** *This question asked once per agency*

13. Please explain how COPS funding has enhanced your agencies ability to implement community policing activities. (2,000 characters or less).

The questions in this section refer to the grant number(s) identified below and how it may have increased your agency’s community policing capacity.

Grant Program Grant # Award Amount

**Technology 2010Non-Hiring** **$125,000**

**2010Non-Hiring2 $ 50,000**

**CHP 2010Hiring**  **$130,000**

**CHRP 2010CHRP**  **$130,000**

Increasing Community Policing Capacity: Grant Resources

**Develop Community/Law Enforcement Partnerships**

***Developers Note:*** *These questions asked once per agency.*

The COPS Office is interested in determining to what extent (if any) your agency’s 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.”

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

P1- Share relevant crime and disorder information with community members.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

P2- Actively seek input from the community regarding identifying and prioritizing neighborhood problems.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

P3- Engage the community in the development of responses to community problems.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

P4- Collaborate with other agencies that deliver public services (e.g., parks and recreation, social services, public health, mental health, code enforcement).

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

**Problem-Solving**

***Developers Note:*** *These questions asked once per agency.*

The COPS Office is interested in determining to what extent (if any) your agency’s grant(s) have 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.”

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

PS1-Integrate problem-solving into patrol work.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

PS2-Identify and prioritize crime and disorder problems by having officers examine patterns and trends involving repeat victims, offenders, and locations.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

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

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

PS4-Develop tailored responses to crime and disorder problems that address the underlying conditions that contribute to them.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

**Organizational Change**

***Developers Note:*** *These questions asked once per agency.*

The COPS Office is interested in determining to what extent (if any) your agency’s 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.”

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

OC1-Institute organizational changes that support the implementation of community policing strategies.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

OC2-Incorporate community policing principles into your agency’s mission/vision statement and strategic plan.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

OC3-Institutionalize community policing principles into a corresponding set of policies, practices and procedures.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

OC4-Institute community policing agency-wide.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

**Increasing Technological Capacity (If a technology type of grant is active, show this question)**

***Developers Note:***The technological capacity questions below should only be asked of grantees that have grant program types with equipment/technology grants.

The COPS Office is interested in determining to what extent (if any) your agency’s <<program type>> grant(s) have assisted your agency to increase your technological capacity to better prevent and/or respond to crime and disorder incidents.

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.”

17. Has the <<program type>> grant assistance that you received from the COPS Office increased your agency’s capacity to do the following?

T1- Ensure agency staff have proper access to relevant data (e.g., calls for service, incident and arrest data, etc.).

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

T2- Analyze and understand problems in the community.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

T3- Improve your agency’s overall efficiency and effectiveness.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

T4- Provide officers with necessary equipment to better prevent and/or respond to crime and disorder incidents.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

### Increasing Community Policing Capacity: Training and Technical Assistance Resources

***Developers Note:*** *These questions asked once per agency.*

### The COPS Office is interested in determining to what extent (if any) the COPS Office has provided training or technical assistance to your agency to advance community policing.

18. Have you received training or technical assistance, with respect to implementing community policing, from the COPS Office or COPS-sponsored training providers?

Yes No

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.”

***Developers Note:*** *If “yes” is selected in the previous question, the agency will receive the following 6 questions:*

18a. Has the training and/or technical assistance that you received from the COPS Office increased your agency’s capacity to do the following?

Train2- Develop collaborative partnerships with individual and organizational stakeholders in the community.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

Train3- Engage in problem-solving to prevent, respond to, and/or better analyze crime.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

Train4- Institute organizational changes that support the implementation of community policing strategies.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

Train5- Improve technological capabilities to better prevent and/or respond to crime and disorder incidents.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

Train6- Effectively implement the strategies presented to better prevent and/or respond to crime and disorder incidents.

Strongly Strongly

Disagree Agree N/A

1 2 3 4 5 6 7 8 9 10

Train7- Did you share the information that you learned with others?

Yes No

|  |  |
| --- | --- |
| |  | | --- | |  |   19. Do you have any best practices or success stories that you would like to share with the COPS Office related to your community policing activities?  ***Developers Note:*** *This question asked once per agency.* |

**Survey Feedback**

***Developers Note:*** *This question asked once per Agency.*

20. 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.

Highly Highly

Dissatisfied Satisfied

1 2 3 4 5 6 7 8 9 10

21.If you have any additional comments regarding using the Progress Report System, please share those comments below.

(*please explain in 2000 characters or less*):

**Certification and Contact Information**

***Developers Note:*** *This question asked once per agency.*

If you would like to provide any additional comments, please feel free to include them below.

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:

<*Certification Language*> (similar to DAPR)

Please type your name here in place of your signature:

<*Paperwork Reduction Act Notice*>

<*OMB control number and expiration date*>

**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.**

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