

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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010RLWX0005 CHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXK005 CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010CKWX0123 Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXK005 CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.(Check all that apply):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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

2010CKWX012 3 Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXK0 05CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>

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 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- Actively seek input from the community regarding identifying and prioritizing neighborhood 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"/>

P3- Engage the community in the development of responses to community 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"/>

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

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

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 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 by having officers examine 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-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-Develop tailored 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"/>

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 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-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"/>

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

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"/>

OC4-Institute community policing agency-wide.

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"/>

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 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"/>	

T2- Analyze and understand problems in the community.

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"/>	

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

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"/>	

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

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"/>	

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 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"/>	

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

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"/>

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

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"/>

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

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"/>

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

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"/>

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 Dissatisfied

Highly 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):

DRAFT

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.

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.

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