

The background of the page is a repeating pattern of stylized, five-pointed stars. Each star is rendered in a light gray color with a subtle 3D effect, giving it a faceted appearance. The stars are arranged in a grid-like pattern across the entire page.

**COPS Application  
Attachment to SF-424**

**COPS Application Attachment to SF-424**

OMB Control Number: 1103-0098

Expiration Date: 05/31/2013

**SECTION 1: COPS PROGRAM REQUEST****Federal assistance is being requested under the following COPS program:**

*Select the COPS grant program for which you are requesting federal assistance. A **separate application must be completed for each COPS program for which you are applying**. Please ensure that you read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.*

**ONLY ONE PROGRAM OPTION MAY BE CHECKED**

- |   |  |
|---|--|
| <input type="checkbox"/> Child Sexual Predator Program  | <input type="checkbox"/> Targeted - Technology Program         |
| <input type="checkbox"/> Community Policing Development | <input type="checkbox"/> Targeted - Methamphetamine Initiative |
| <input type="checkbox"/> COPS Hiring Program            | <input type="checkbox"/> Targeted - Safe Schools Initiative    |
| <input type="checkbox"/> Secure Our Schools             |  |

**SECTION 2: AGENCY ELIGIBILITY INFORMATION****A. Type of Agency (select one)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Law Enforcement</b> | <input type="checkbox"/> <b>Non-Law Enforcement</b> |
|---|---|

From the list below, please select the type of agency which best describes the applicant.

**Law Enforcement Entities****Non-Law Enforcement Entities**

## 2A. CHP Eligibility Questions

In this section, we will ask you several questions about your law enforcement agency operations and authority to determine your eligibility to apply for a COPS Hiring Program (CHP) grant. Please note that CHP applicants **must** have a police department which is operational as of the (mm/dd/yyyy) date of this application, or receive services through a new or existing contract for law enforcement services. Applicants must also maintain primary law enforcement authority for the population to be served.

Additionally, if funds under this program are to be used as part of a written contracting arrangement for law enforcement services (e.g., a town which contracts with a neighboring sheriff's department to receive services), the government agency wishing to receive law enforcement services must be the legal applicant in this application (although we will ask you to supply some information about the contract service provider later).

### Part I. Law Enforcement Agency Operations

*A law enforcement agency is established and operational if the jurisdiction has passed authorizing legislation **and** it has a current operating budget.*

Q1) Is your agency established and currently operational?

Select One...

Q2) Which of the following best describes your agency (check one)?

- We are planning to establish or begin operations as a newly authorized law enforcement agency  
If selected, proceed to Q3a
- We are planning to re-establish and resume operations for a previously operational law enforcement agency  
If selected, proceed to Q3b

Q3a) Has your jurisdiction passed legislation which authorizes the creation of a new law enforcement agency?

Select One...

Q3b) Will your law enforcement agency be operational as of mm/dd/yyyy (application close date)?

Select One...

### Part II. Contracting to Receive Law Enforcement Services

Q1) If awarded, does your agency plan to use funds awarded under this grant to establish or supplement a written contract for law enforcement services (e.g., a town contracting for services with a nearby sheriff's department)?

Select One...

[If yes to Q1, text below plus Q2 will display]

An agency may apply for funds under this program to be used as part of a written contracting arrangement for law enforcement services (e.g., a town which contracts with a neighboring sheriff's department to receive services). However, the agency wishing to receive law enforcement services must be the legal applicant in this application (although we will ask you to supply some information about the contract service provider later).

Important Note: Two entities involved in a contracting relationship may not separately apply for funding to support the same officer position(s). For more information about contracting arrangements, please [click here](#) [Link to take applicant to Guide Instructions re: contracting]

Q2) Is the legal applicant listed in this COPS Hiring Program (CHP) application and on the SF-424 the entity that will be receiving law enforcement services?

Select One...

Q3) What is the legal name of the law enforcement agency that will be providing law enforcement services to your jurisdiction?

*[proceed to next section]*

### **Part III. Law Enforcement Agency Authority**

*An agency with primary law enforcement authority is defined as the first responder to calls for service for all types of criminal incidents within its jurisdiction. Agencies are not considered to have primary law enforcement authority if they only: respond to or investigate specific type(s) of crime(s); respond to or investigate crimes within a correctional institution; serve warrants; provide courthouse security; transport prisoners; and/or have cases referred to them for investigation or investigational support.*

Q1) Based on the definition above, does your agency have primary law enforcement authority? [Or, if contracting to receive services, does the agency that will be providing law enforcement services have primary law enforcement authority for the population to be served?]

**Questions for a subset of applicants [Sheriff, County Police, State Police, Regional PD, Public University, Private University, Natural Resources Police, Transit Police, Public Housing Police, Attorney/Court, Multijurisdictional Task Force, Consortium, Constable, Marshals, Corrections]**

Is your agency the first responder to **all types of criminal incidents** within your jurisdiction?

Is your agency the first responder to citizen-initiated calls for service outside of a correctional institute and/or courthouse setting?

**2B: SOS Eligibility Questions****[All SOS Applicants]**

1. Was this **grant application** prepared after consultation with individuals not limited to law enforcement officers (such as school violence researchers, child psychologists, social workers, teachers, principals, and other school personnel)?

 Yes No

2. Was this application prepared in a manner consistent with a comprehensive approach to preventing school violence?

 Yes No

3. Was this application individualized to the needs of each school at which those improvements are to be made?

 Yes No

4. Does your agency have primary law enforcement authority for the schools/school districts targeted through this grant proposal?

 Yes No

5. Are the schools/school districts targeted through this grant proposal all primary or secondary schools (i.e., kindergarten through 12<sup>th</sup> grade)?

 Yes No

6. Do these schools all teach the basic school curriculum (e.g., math, science, reading)?

 Yes No

7. Will the funds awarded solely benefit the primary or secondary schools targeted through this grant proposal?

 Yes No**[Subset 1 Municipal Police/County Police/Sheriff's/State Police Agency, Tribal Police etc.  
(any agency other than school district police department and university/college)]**

8. Is your agency partnering with a school/school district?

 Yes No**[Subset 2 School District Police]**

8. Is your agency a school district which through authorization by its state and/or local legislative authority has its own police department separate from the local sheriff's, county police, or municipal police agency?

 Yes No**[Subset 3 Public or Private University/College Police]**

8. Is your agency a university or college which has a primary or secondary school on its campus?

 Yes No

## SECTION 3: GENERAL AGENCY INFORMATION

**A. Applicant ORI Number:**

*The ORI number is assigned by the FBI and is your agency's unique identifier. The COPS Office uses the first seven characters of this number. The first two letters are your state abbreviation, the next three numbers are your county's code, and the next two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant. ORI numbers assigned to agencies by the COPS Office may end in "ZZ."*

Check here if your agency has not been assigned an ORI number.

**B. Applicant Data Universal Numbering System (DUNS) Number:**

*A Data Universal Numbering System (DUNS) number is required **prior** to submitting this application. A DUNS number is a unique nine or thirteen digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. For more information about how to obtain a DUNS number, please refer to the "How to Apply" section of the COPS Application Guide.*

**C. Central Contractor Registration (CCR)**

*All applicants (other than individuals) must be registered in the Central Contractor Registration (CCR) database **prior** to submitting this application. Applicants must also maintain an active CCR registration with current information at all times during the grant application process and, if awarded, the grant award period. The CCR database is the repository for standard information about federal financial assistance applicants, recipients, and sub-recipients. For more information about how to register with the CCR, please refer to the "How to Apply" section of the COPS Application Guide. Please note that applicants must update or renew their CCR at least once per year to maintain an active status.*

**Your CCR Registration is set to expire on** <<Insert Expiration Date from CCR Database>>

*Note: This information was received directly from the CCR database. If this information is incorrect, please contact the CCR Service Desk at 866-606-8220 or view/update your registration information at <https://www.bpn.gov/ccr/default.aspx>. If your CCR registration is set to expire prior to <<Enter Date>>, please renew your CCR Registration prior to completing this application.*

**D. Geographic Names Information System (GNIS) ID:**

*Please enter your Geographic Names Information System (GNIS) Identification Number. This is a unique ID assigned to all geographic entities by the U.S. Geological Survey. To look up your GNIS Feature ID, please go to the website: <http://geonames.usgs.gov/domestic/index.html>. For more information about how to obtain a GNIS number, please refer to the "How to Apply" section of the COPS Application Guide.*

**E. Cognizant Federal Agency:**

*Select the legal applicant's Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget. Applicants that have never received federal funding should select the "Department of Justice" as the Cognizant Federal Agency.*

**F. Fiscal Year:**  to  (mm/dd)

*Enter the month and day of the legal applicant's fiscal year.*

## G. Service Population

1. Enter the total population of the government entity applying for this grant using the latest census estimate available in the American Fact Finder at <http://FactFinder.census.gov>.

2. Check here if the population of the entity applying for this grant is not represented by U.S. Census figures (e.g., colleges, special agencies, school police departments, etc.).  [If checked, complete 2a – 2b.]

2a. If the population of the entity applying for this grant is not represented by U.S. Census figures, please indicate the size of the population as of the latest available estimate:

2b. Please indicate the source of this population estimate:   
(e.g., website address)

3. What is the actual population your department serves as the primary law enforcement entity?

*This may or may not be the same as the population specified above. For example, a service population may be the census population minus incorporated towns and cities that have their own police department within your geographic boundaries or estimates of ridership (e.g., transit police) or visitors (e.g., park police). An agency with primary law enforcement authority is defined as having first responder responsibility to calls for service for all types of criminal incidents within its jurisdiction.*

3a. If applicable, please explain why the service population differs from the census population:

## H. Law Enforcement Agency Sworn Force Information

1. Enter the Fiscal Year Budgeted Sworn Force Strength for the current fiscal year below. *The budgeted number of sworn officer positions is the number of sworn positions funded in your agency's budget, including funded but frozen positions, as well as state, Bureau of Indian Affairs, and/or locally funded vacancies. Do not include unfunded vacancies or unpaid/reserve officers.*

a. Number of officers funded in agency's current fiscal year budget:

Full-Time:

Part-Time:

2. Enter the Fiscal Year Actual Sworn Force Strength as of the date of this application. *The actual number of sworn officer positions is the actual number of sworn positions employed by your agency as of the date of this application. Do not include funded but currently vacant positions or unpaid positions.*

a. Number of officers employed by your agency as of the date of this application:

Full-Time:

Part-Time:

## SECTION 4: EXECUTIVE INFORMATION

*Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.*

### A. Law Enforcement Executive/Agency Executive Information:

**For Law Enforcement Agencies:** Enter the law enforcement executive's name and contact information. This is the highest ranking law enforcement official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent).

**For Non-Law Enforcement Agencies:** Enter the highest ranking individual in the applicant agency (e.g., CEO, President, Chairperson, Director) who has the authority to apply for this grant on behalf of the applicant agency. If the grant is awarded, this position would ultimately be responsible for the programmatic implementation of the award.

[Displayed If Contracting Law Enforcement Services]

Your agency previously indicated that if awarded, this grant would be used in a written contracting arrangement to receive law enforcement services (e.g., a town which is contracting with a neighboring sheriff's department to receive services). Therefore, for question 4A, please provide the executive information for the agency which will be providing the law enforcement services under this grant (e.g., Sheriff). For question 4B, please provide executive information for the government agency which will be receiving the law enforcement services under this grant (i.e., Mayor, City Manager, etc.).

Title:   Interim/Acting:

First Name:  MI  Last Name:  Suffix:

Agency Name:

Street Address 1:

Street Address 2:

City:  State:  Zip Code:

Telephone:  Fax:  E-mail:

### B. Government Executive/Financial Official Information:

**For Government Agencies:** Enter the government executive's name and contact information. This is the highest ranking official within your jurisdiction (e.g., Mayor, City Administrator, or equivalent).

**For Non-Government Agencies:** Enter the name and contact information of the financial official who has the authority to apply for this grant on behalf of the applicant agency (e.g., Treasurer). If the grant is awarded, this position would ultimately be responsible for the financial management of the award. Please note that information for non-executive positions (e.g., clerks, trustees, etc.) is not acceptable.

Title:   Interim/Acting:

First Name:  MI:  Last Name:  Suffix:

Agency Name:

Street Address 1:

Street Address 2:

City:  State:  Zip Code:

Telephone:  Fax:  E-mail:



[Section 5A below only applies if CHP is the selected program]

## SECTION 5A: COPS HIRING PROGRAM OFFICER REQUEST

### Part I

For FY 2011, COPS Hiring Program (CHP) applicants are eligible to apply for the number of officers equal to 5% of their actual sworn force strength up to a maximum of 50 officers with a minimum of one (1) officer per agency. Based on the information provided in this application, your agency is eligible to apply for up to <<insert computed number>> officer position(s).

How many entry-level, full-time officer positions is your agency requesting in this application?

Next, your agency must allocate the number of positions requested under each of the three hiring categories described below based on your agency's current needs at the time of this application. Please be mindful of the initial three-year grant period, and your agency's ability to fill and retain the officer positions awarded, while following your agency's established hiring policies and procedures. CHP grant awards will be made for officer positions requested in each of the three hiring categories, and grantees are required to use awarded funds for the specific categories awarded.

It is imperative that your agency understand that the COPS statutory nonsupplanting requirement mandates that grant funds may only be used to supplement (increase) a grantee's law enforcement budget for sworn officer positions and may not supplant (replace) state, local, or tribal funds that a grantee otherwise would have spent on officer positions if it had not received a grant award. This means that if your agency plans to:

(a) Hire new officer positions (including filling existing officer vacancies that are no longer funded in your agency's budget): It must hire these additional positions on or after the official grant award start date, above its current budgeted (funded) level of sworn officer positions, and otherwise comply with the nonsupplanting requirements as described in detail in the Grant Owner's Manual.

(b) Rehire officers who have already been laid off (at the time of application) as a result of state, local, or tribal budget cuts: It must rehire the officers on or after the official grant award start date, maintain documentation showing the date(s) that the positions were laid off and rehired, and otherwise comply with the nonsupplanting requirement as described in detail in the Grant Owner's Manual.

(c) Rehire officers who are (at the time of application) currently scheduled to be laid off on a future date as a result of state, local, or tribal budget cuts: It must continue to fund the officers with its own funds from the grant award start date until the date of the scheduled lay-off (for example, if the CHP award start date is September 1 and the lay-offs are scheduled for November 1, then the CHP funds may not be used to fund the officers until November 1, the date of the scheduled lay-off); identifying the number and date(s) of the scheduled lay-off(s) in this application (see below); maintain documentation showing the date(s) and reason(s) for the lay-off; and otherwise comply with the nonsupplanting requirement as described in detail in the Grant Owner's Manual. [Please note that as long as your agency can document the date that the lay-off(s) would occur if CHP funds were not available, it may transfer the officers to the CHP funding on or immediately after the date of the lay-off without formally completing the administrative steps associated with a lay-off for each individual officer.]

Documentation that may be used to prove that scheduled lay-offs are occurring for local economic reasons that are unrelated to the availability of CHP grant funds may include (but are not limited to) council or departmental meeting minutes, memoranda, notices, or orders discussing the lay-offs; notices provided to the individual officers regarding the date(s) of the lay-offs; and/or budget documents ordering departmental and/or jurisdiction-wide budget cuts. These records must be maintained with your agency's CHP grant records during the grant period and for three years following the official closeout of the CHP grant in the event of an audit, monitoring, or other evaluation of your grant compliance.

If your agency's request is funded, it will have the opportunity after the award announcement to request a grant modification to move awarded funding into the category or categories that meet your agency's law enforcement needs at that time (including updating the dates of future scheduled lay-offs).

If you need additional information regarding requesting a modification, please contact the COPS Office Response Center at 1-800-421-6770.

Category A: New, additional officer positions (including to fill existing vacancies no longer funded in your agency's budget).

Category A Request: <<insert>>

Category B: Rehire officers already laid off (at the time of the application) as a result of state or budget reductions.

Category B Request: <<insert>>

Category C: Rehire officers scheduled to be laid off (at the time of the application) on a specific future date as a result of state or local budget reductions.

Category C Request: <<insert>> (total)

We also need some information about when the layoff of officers in this category is scheduled to occur. In the space below, please indicate when the officer(s) specified in this category are scheduled to be laid off.

Number of officers:

Date these officers are scheduled to be laid off:

Number of officers:

Date these officers are scheduled to be laid off:

Number of officers:

Date these officers are scheduled to be laid off:

**Part 2** [Section hidden unless Category C in previous section not null]

Since your agency plans to use CHP funds to rehire officers who are currently scheduled to be laid off on a future date (under Category C above), please certify (by checking the appropriate boxes) to the following:

Certification:

- My agency has and will maintain documentation showing the date(s) of the scheduled lay-off(s) and demonstrating that the scheduled lay-off(s) is/are occurring for fiscal reasons that are unrelated to the availability or receipt of CHP grant funds.
- My agency will use its own funds to continue funding these officers until the scheduled date(s) of the lay-off(s) and will use CHP funds to rehire these officers only on or after the scheduled date of the lay-off(s).
- My agency recognizes that the CHP program provides funding based on our entry-level salary and benefits package and that any additional costs for rehired officers beyond entry-level are our responsibility to pay with other sources of funding.

If an applicant receives an award, and needs to change the hiring categories after receiving the award, it must request a post-award grant modification to change the categories of hiring and receive prior approval before spending CHP funding by calling the COPS Office Response Center at 1-800-421-6770.

**Part 3**

1. In FY 2011, up to \$30 million is available for the hiring or rehiring of officers who will be assigned to Internet Crimes Against Children (ICAC) task forces. Will any of the officers requested above be assigned on a full-time basis to an ICAC task force?

Yes

No

2. How many of the officers requested above will be assigned to an ICAC task force?

**Part 4**

As noted previously, the number of officers an applicant can request under the COPS Hiring Program in 2011 is capped. However, the COPS Office is interested in learning more about the overall need for officer positions within your department. Therefore, if no officer caps were in place, what is the total number of officers that your agency would be requesting in this application?

[Section 5B below applies only if CSPP is the selected program]

**SECTION 5B: CHILD SEXUAL PREDATOR PROGRAM (CSPP) OFFICER REQUEST**

1. Is your agency requesting funding in this application for full-time, entry-level sworn officer positions?

Yes

No

2. How many full-time, entry-level sworn officer positions is your agency requesting in this application?

[Note: you will be asked in Section 14 to provide detailed entry-level officer salary and benefit costs]

**Non-hiring Applicants Only****SECTION 6A: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY**

COPS Office grants must be used to reorient the mission and activities of law enforcement agencies through initiating community policing or enhancing their involvement in community policing. If awarded funds, your responses to this section will constitute your agency's community policing plan under this grant. Your organization may be audited or monitored to ensure that it is initiating or enhancing community policing in accordance with this plan. The COPS Office may also use this information to understand the needs of the field, and potentially provide for training, technical assistance, problem solving and community policing implementation tools.

We understand that your community policing needs may change during the life of your grant (if awarded), and **minor changes to this plan may be made without prior approval from the COPS Office**. We also recognize that this plan may incorporate a broad range of possible community policing strategies and activities, and that your agency may implement particular community policing strategies from the plan on an as-needed basis throughout the life of the grant. **If your agency's community policing plan changes significantly, however, you must submit those changes in writing to the COPS Office for approval.** Changes are "significant" if they deviate from the range of possible community policing activities identified and approved in this original community policing plan submitted with your application.

## Community Policing Definition Framework

The following is the COPS Office definition of community policing that emphasizes the primary components of community partnerships, organizational transformation, and problem solving.

*Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues, such as crime, social disorder, and fear of crime.*

The COPS Office has completed the development of a comprehensive community policing self-assessment tool for use by law enforcement agencies. Based on this work, we have developed the following list of primary sub-elements of community policing. Please refer to the COPS Office website ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)) for further information regarding these sub-elements.

### **Community Partnerships:**

Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to both develop solutions to problems and increase trust in police.

### **Organizational Transformation:**

The alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts.

### **Problem Solving:**

The process of engaging in the proactive and systematic examination of identified problems to develop effective responses that are rigorously evaluated.

#### **Agency Management**

Other Government Agencies  
Community Members/Groups  
Non-Profits/Service Providers  
Private Businesses  
Media

Climate and culture  
Leadership  
Labor relations  
Decision-making  
Strategic planning  
Policies  
Organizational evaluations  
Transparency

Scanning: Identifying and prioritizing  
Analysis: Analyzing problems  
Response: Responding to problems  
Assessment: Assessing problem-solving initiatives  
Using the Crime Triangle to focus on immediate conditions (Victim/Offender/Location)

#### **Organizational Structure**

Geographic assignment of officers  
Despecialization  
Resources and finances

#### **Personnel**

Recruitment, hiring and selection  
Personnel supervision/evaluations  
Training

#### **Information Systems (Technology)**

Communication/access to data  
Quality and accuracy of data

## Proposed Community Policing Plan

COPS grants must be used to initiate or enhance community policing activities, either directly by your law enforcement agency, or (for non-law enforcement applicants) in collaboration with law enforcement. Please complete the following questions to describe the types of community policing activities that you are currently engaged in and that will result from COPS funding. For each question, answer on behalf of the applicant law enforcement agency, or for non-law enforcement applicants, the law enforcement agency with whom you will collaborate.

You may find more detailed information about community policing at the COPS Office website <http://www.cops.usdoj.gov/Default.asp?Item=36>.

## Community Partnerships

Community partnerships are ongoing collaborative relationships between law enforcement and the individuals and organizations they serve to both develop solutions to problems and increase trust in the police.

### My Agency:

#### **P1) Regularly distributes relevant crime and disorder information to community members.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

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

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**P3) Regularly collaborates with local government agencies that deliver public services.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**P4) Regularly collaborates with non-profit organizations and/or community groups.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**P5) Regularly collaborates with local businesses.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**P6) Regularly collaborates with informal neighborhood groups and resident associations.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO

**P7) Regularly collaborates with federal government agencies through formal partnerships (e.g., taskforces, working groups, etc.).**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**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.

**My Agency:**

**PS1) Routinely incorporates problem-solving principles into patrol work.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**PS2) Identifies and prioritizes crime and disorder problems through the routine examination of patterns and trends involving repeat victims, offenders, and locations.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO



**PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**PS4) Systematically tailors responses to crime and disorder problems to address their underlying conditions.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**PS5) Regularly conducts assessments to determine the effectiveness of responses to crime and disorder problems.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO

## Organizational Transformation

Organizational transformation is the alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts.

### My Agency:

#### **OT1) Incorporates community policing principles into the agency's mission statement and strategic plan.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

#### **OT2) Practices community policing as an agency-wide effort involving all staff (i.e., not solely housed in a specialized unit).**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

#### **OT3) Incorporates problem-solving and partnership activities into personnel performance evaluations.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**Technology**

Technology provides agencies with the tools to communicate more effectively externally with the public and internally with their own staff, and the ability to understand and analyze community problems.

**My Agency:**

**TEC01) Ensures that agency staff have appropriate access to relevant data (e.g., calls for service, incident and arrest data, etc.).**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**TEC02) Uses technology (e.g., crime mapping or statistical software) to analyze and understand problems in the community.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**TEC03) Uses technology (e.g., GIS/GPS for deployment or laptops for field reporting) to improve the agency's overall efficiency and effectiveness.**

a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

YES

NO

b)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

YES

NO

**TEC04) Provides officers with necessary equipment to better prevent and/or respond to crime and disorder problems.**a)  YES

If yes, do you plan to use grant funding to enhance or expand this activity?

 YES NOb)  NO

If no, do you plan to use grant funding to initiate or implement this activity?

 YES NO**Community Policing Plan Narrative**

Please describe your agency's implementation plan for this program (if awarded), with specific reference to each of the following elements of community policing: (a) community partnerships and support, including consultation with community groups, private agencies, and/or other public agencies; (b) related governmental and community initiatives that complement your agency's proposed use of COPS funding; and (c) organizational transformation – how your agency will use these funds, if awarded, to reorient its mission to community policing or enhance its involvement in and commitment to community policing.

In the space provided, please address your agency's implementation plan for this program with specific reference to each of the following elements of community policing:

**(a) Community partnerships and support, including consultation with community groups, private agencies, and/or other public agencies.**

[Responses are limited to a maximum of 5,000 characters.]

**(b) Related governmental and community initiatives that complement your agency's proposed use of COPS funding.**

[Responses are limited to a maximum of 5,000 characters.]

**(c) Organizational transformation – how your agency will use these funds, if awarded, to reorient its mission to community policing or enhance its involvement in and commitment to community policing.**

[Responses are limited to a maximum of 5,000 characters.]

**CP1) To what extent is there community support in your jurisdiction for implementing the proposed grant activities?**

- a) High level of support
- b) Moderate support
- c) Minimal support

**CP2) If awarded, to what extent will the grant activities impact the other components of the criminal justice system in your jurisdiction?**

- a) Potentially decreased burden
- b) No change in burden
- c) Potentially increased burden

## SECTION 6B: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY

### CHP Applicants Only

#### Community Policing Strategy

COPS Office grants must be used to reorient the mission and activities of law enforcement agencies through initiating community policing or enhancing their involvement in community policing. If awarded funds, your responses to sections II(a) and II(b) that follow will constitute your agency's community policing plan under this grant. Your organization may be audited or monitored to ensure that it is initiating or enhancing community policing in accordance with this plan. The COPS Office may also use this information to understand the needs of the field, and potentially provide for training, technical assistance, problem solving and community policing implementation tools. Please note that the COPS Office recognizes that your COPS-funded officer(s) (or an equal number of veteran officers who are redeployed after hiring the entry-level COPS-funded officers) will engage in a variety of community policing activities and strategies, including participating in some or all aspects of your identified community policing plan. Your community-policing plan may be influenced and impacted by others within and outside of your organization; this is considered beneficial to your community policing efforts.

At any time during your grant, you should be prepared to demonstrate (1) the community policing activities engaged in prior to the grant award that are detailed in section I of this application and (2) how the grant funds were specifically used to enhance (increase) or initiate community policing activities according to your community policing plan contained in sections II(a) and II(b) of this application.

Finally, we also understand that your community policing needs may change during the life of your grant. **Minor changes to this plan may be made without prior approval of the COPS Office; however, if your agency's community policing plan changes significantly, you must submit those changes in writing to the COPS Office for approval.** Changes are "significant" if they deviate from the specific crime problem(s) identified and/or the type of community policing strategies identified and approved in the original community policing plan submitted with this application. Minor changes to the scope or nature of a proposed strategy that do not materially alter the strategy itself do not require pre-approval of the COPS Office.

## Community Policing Definition Framework

The following is the COPS Office definition of community policing that emphasizes the primary components of community partnerships, organizational transformation, and problem solving. Please refer to the COPS Office website ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)) for further information regarding this definition.

*Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues, such as crime, social disorder, and fear of crime.*

The COPS Office has completed the development of a comprehensive community policing self-assessment tool for use by law enforcement agencies. Based on this work, we have developed the following list of primary sub-elements of community policing. Please refer to the COPS Office website ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)) for further information regarding these sub-elements.

### **Community Partnerships:**

Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to both develop solutions to problems and increase trust in police.

Other Government Agencies  
Community Members/Groups  
Non-Profits/Service Providers  
Private Businesses  
Media

### **Organizational Transformation:**

The alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts.

#### **Agency Management**

Climate and culture  
Leadership  
Labor relations  
Decision-making  
Strategic planning  
Policies  
Organizational evaluations  
Transparency

#### **Organizational Structure**

Geographic assignment of officers  
Despecialization  
Resources and finances

#### **Personnel**

Recruitment, hiring and selection  
Personnel supervision/evaluations  
Training

#### **Information Systems (Technology)**

Communication/access to data  
Quality and accuracy of data

### **Problem Solving:**

The process of engaging in the proactive and systematic examination of identified problems to develop effective responses that are rigorously evaluated.

Scanning: Identifying and prioritizing problems

Analysis: Analyzing problems

Response: Responding to problems

Assessment: Assessing problem-solving initiatives

Using the Crime Triangle to focus on immediate conditions (Victim/Offender/Location)

## I. Current Organizational Commitment to Community Policing

1) For each of the following statements, please answer in terms of **existing** agency policies and practices as they relate to collaborative partnerships and problem solving activities (please check all that apply).

Activity	Community Partnerships	Problem Solving
Q1a. The agency mission statement, vision, and/or goals includes references to:	<input type="checkbox"/>	<input type="checkbox"/>
Q1b. The agency strategic plan includes specific goals and/or objectives relating to:	<input type="checkbox"/>	<input type="checkbox"/>
Q1c. The agency recruitment, selection and hiring processes include elements relating to:	<input type="checkbox"/>	<input type="checkbox"/>
Q1d. Annual line officers valuations assess performance in:	<input type="checkbox"/>	<input type="checkbox"/>
Q1e. Supervisor and manager evaluations assess performance in:	<input type="checkbox"/>	<input type="checkbox"/>
Q1f. Line officers receive regular (at least once every two years) training in:	<input type="checkbox"/>	<input type="checkbox"/>

2) Which of the following internal management practices does your agency **currently** employ?

- Assignment of officers to specific neighborhoods or areas for longer periods of time to enhance customer service and facilitate more contact between police and citizens
- In-service training for officers on basic and advanced community policing principles
- Defined community policing roles and expectations for officers
- Early Intervention Systems that help identify officers who may be showing signs of stress, personal problem, and questionable work conduct
- Alternatives to formal disciplinary practices that encourage ethical behavior
- Police officers ethical conduct initiative
- Use of a departmental values statement to establish officer standards of behavior and guide disciplinary processes
- None of the above

3) Which of the following do you count/measure to **annually** assess your agency's overall performance (please check all that apply):

- Response times
- Reported crimes
- Reported incidents
- Arrests and citations
- Problem solving outcomes
- Department employee satisfaction
- Clearance rates
- Complaints of officer behavior
- Repeat calls for service
- Social disorder/nuisance problems (e.g. graffiti, panhandling, loitering, etc.)
- Satisfaction with police services
- Fear of crime
- Victimization (i.e. non-reported crime)
- Community meetings held/attended
- Use of force incidents
- Meeting the priorities as identified in your agency strategic plan
- My agency does not conduct annual assessments of overall performance



4) Through which of the following does your agency **routinely** share information with community members (please check all that apply):

- Neighborhood, beat, and/or school meetings
- Local media outlets
- Agency newsletter
- Neighborhood newsletters
- Agency website
- Social networking (Blogs, Twitterfeeds, Facebook pages, etc.)
- Citizen alert system (telephone, email, text, etc.)
- Public access television/radio
- Community organization board membership
- Public forums with Chief/Sheriff/Command staff
- Posters, billboards, flyers
- None of the above

5) Through which of the following ways does your agency **routinely** participate in collaborative efforts with federal, tribal, state, and/or local law enforcement agencies:

- NCIC/CJIS
- Co-located staff or detail assignments, independent of task forces
- Database systems that facilitate data and information sharing
- Interoperable communication systems
- Federally initiated task forces (e.g. HIDTA's, Fusion centers, JTTF's, etc.)
- Other multi-agency task forces
- None of the above

6) Through which of the following ways does your agency **formally** involve community members in influencing agency practices and operations (please check all that apply):

- Citizen police academies
- Volunteer activities
- Auxiliary police programs
- Civilian review boards (e.g. disciplinary review boards)
- Citizen advisory groups (i.e. informal advisory function)
- Involvement in hiring decisions (i.e. interview panels, selection boards, etc.)
- Involvement in contributing to annual line officer performance reviews
- Representation on promotional boards
- Participation in accountability and performance reporting and tracking meetings
- Participation in complaint resolution process (i.e. formal mediation, disciplinary boards, etc.)
- None of the above

## II(a) Proposed Community Policing Plan: Problem Solving and Partnerships

COPS grants must be used to initiate or enhance community policing activities. In this section you will be asked to identify the crime and disorder **problem(s)** and the **partners** to be engaged through your requested COPS funding. Identifying the specific problem(s) and partnerships that your agency plans to focus on is important to ensure that you satisfy the requirements for COPS funding under this program and to ensure that ultimately the use of these funds will initiate or enhance your agency's capacity to implement community policing strategies.

7) Using the following list, select a problem(s) that will be addressed with these grant funds. Please choose the option that best fits your problem. You may select up to five problems to address through this grant funding.

When identifying a problem(s), it is important to think about the nature of similar incidents that taken together comprise the problem, and accordingly **describe it in precise, specific terms** (e.g. "burglary of retail establishments", rather than just "burglary"). In doing this, it can be helpful to consider all aspects of the problem, including the likely offenders, the suitable targets/victims, and how these come together in time and space.

### Violent Crime Problems

#### Assault

Please specify your assault problem; for example, assaults in and around bars, gang violence, etc.

#### Homicide

Please specify your homicide problem; for example, gun homicide by serious previous offenders, gang related homicide, domestic homicides, etc.

#### Rape

Please specify your rape problem; for example, acquaintance rape, rape in college dorm rooms, child or domestic rape, etc.

#### Robbery

Please specify your robbery problem; for example, robbery of convenience stores, robbery of taxi drivers, bank robbery, etc.

#### Domestic/Family Violence

Please specify your domestic/family violence problem; for example, domestic violence, stalking, child abuse, elder abuse, etc.

Other Violent Crime Problem (please specify)

**Non-Violent Crime Problems****Burglary**

Please specify your burglary problem; for example, burglary of single family houses, burglary of retail establishments, burglary of construction sites etc.

**Fraud**

Please specify your fraud problem; for example, check fraud, identity theft, credit card fraud, fraud of the elderly, etc.

**Larceny/Theft (Non-Motor Vehicle)**

Please specify your larceny/theft problem; for example, shoplifting, pick pocketing, etc.

**Motor Vehicle Theft/Theft from Motor Vehicle**

Please specify your motor vehicle theft problem/theft from motor vehicle; for example, organized motor vehicle theft, joy riding, theft of motor vehicles from parking garages, theft from motor vehicle in targeted area, etc.

**Vandalism**

Please specify your vandalism problem; for example, graffiti, vandalism of public parks, tagging, etc.

**Social Disorder**

Please specify your disorder problem; for example, disorder in public places, disorder at day laborer sites, disorder on school grounds etc.

**Quality of Life Problem**

Please specify your quality of life problem; for example, abandoned vehicles, pan handling, fear of crime, vacant properties etc.

**Prostitution**

Please specify your prostitution problem; for example, street prostitution, organized prostitution, etc.

**Other Non-Violent Crime Problem (please specify)**

**Drug Related Problems****Drug Manufacturing/Trafficking**

Please specify your drug manufacturing/trafficking problem; for example, clandestine methamphetamine labs, drug trafficking across international borders, marijuana growing operations etc.

**Drug Dealing**

Please specify your drug dealing problem; for example, drug dealing in open air markets, drug dealing in apartment complexes, gang related drug dealing

**Drug Abuse**

Please specify your drug abuse problem; for example, underage drinking, prescription drug abuse, drug abuse by prostitutes etc.

Other Drug Related Problem (please specify)

**Traffic/Pedestrian Safety Problems****Traffic Congestion**

Please specify your traffic congestion problem; for example, traffic congestion around schools, traffic congestion due to special events, traffic congestion during peak hours etc.

**Pedestrian Safety**

Please specify your pedestrian safety problem; for example, pedestrian safety during night time hours, pedestrian safety around schools, pedestrian safety at crosswalks, pedestrian traffic on roadways, etc.

**Driver Safety**

Please specify your driver safety problem; for example, driving under the influence, speeding in residential areas, street racing, distracted driving etc.

**Traffic Accidents**

Please specify your traffic accident problem; for example, traffic accidents by commercial drivers, traffic accidents in residential areas, traffic accidents by young drivers etc.

Other Traffic/Pedestrian Safety Problem (please specify)

**Police Operations and Specific Environment Problems****Inefficient Use of Police Resources**

Please specify your inefficient use of police resources problem; for example, false burglar alarms, misuse of 911, false bomb threats, etc.

**Officer Ethics and Integrity**

Please specify your officer ethics and integrity problem; for example, racial profiling, use of force, officer misconduct, etc.

**Police Response to Specific Populations**

Please specify your police response to working with specific population problems; for example, building trust with new immigrant communities, addressing the needs of persons with mental illness, the elderly, transients, or ex-offenders, etc.

**Police Operations in Specific Environments**

Please specify the specific environment problem; for example, crime on a campus, in an agricultural community, in a park, etc.

Other Police Operations or Specific Environment Problem (please specify)

**Child and Youth Safety Problems****Child Sexual Predators and Internet Safety**

Please specify your child sexual predator problem; for example, non-compliant sexual offenders, trafficking in children, child sexual abuse offenses, cyber-related crimes, etc.

**School Based Policing**

Please specify your school based policing problem; for example, crime in and around schools, bullying, truancy, disorder on school grounds, theft of school property, etc.

**Children Exposed to Violence**

Please specify your children exposed to violence problem; for example, children's reactions to domestic violence; witnessing school violence; exposure to catastrophic events; etc.

**Teen Violence**

Please specify your teen violence problem; for example, teen gang activity, assaults among youth, teen date rape, etc.

Other Child and Youth Safety Problem (please specify)

**Homeland Security Problems****Protecting Critical Infrastructure Problems**

Please specify your critical infrastructure problem; for example, addressing threats against facilities, developing and testing incident response plans, etc.

**Information or Intelligence Problems**

Please specify your information and/or intelligence problem; for example, the need for criminal intelligence capacity, engaging in information sharing, expanding utilization of fusion centers, etc.

Other Homeland Security Problem (please specify)

**Please answer questions 7a thru 12 for each problem identified**

7a) Briefly describe the problem that you will address with these grant funds [2,000 characters or less]

8) Which of the following information sources did you use **to prioritize** this problem as a problem to address through this grant program (please check all that apply):

- Police department data (e.g. police reports, calls for service, crime data, citizen complaints)
- Agency personnel (e.g. officer feedback, command staff priorities)
- Other local non law enforcement government agency data
- Community based organizations (e.g. faith based, non-profits, social service providers)
- Local businesses
- Individual community members/community meetings
- Community survey
- Local government officials
- The media
- None of the above

9) If awarded funds, my agency will **improve our understanding of** this problem by examining (please check all that apply):

- Routinely collected law enforcement data/information related to the problem (e.g. arrest, incident reports, calls for service)
- The location and/or time aspects of the problem (e.g. mapping)
- The conditions and environmental factors related to the problem
- The strengths and limitations of current responses to the problem
- Non-law enforcement data/information related to the problem (e.g. insurance crash data, other government agency data, census data, survey data)
- Existing research and best practices related to the problem
- Data/information from the community related to the problem (e.g. resident associations, business groups, non-profit community service organizations)
- Information about offenders contributing to the problem (e.g. offender interviews, arrest records)
- Information about victims affected by the problem (e.g. crime reports, victim interviews)
- Strengths and weaknesses of previous responses to the problem
- None of the above

10) An important part of a comprehensive community policing plan is the formation of partnerships, such as working with other public agencies, private organizations, or participation in regional law enforcement partnerships. If awarded funds, **will your agency initiate or enhance** a partnership with an external group/organization to develop responses to this problem?

Yes

No

[If Yes go to 10a, If No go to 11]

10a) If awarded funds, how many external groups/organizations **will your agency initiate or enhance** a partnership with to develop responses to this problem

10b) Name the most important external groups/organizations that your agency will initiate or enhance a partnership with to develop responses to this problem (maximum of three partners). Note: you may attach optional letters of this support from any or all of these prospective partners in Section 13 of the application. You will be limited to listing no more than three partners per public safety problem.

Partner 1

Partner 2

Partner 3

**[ASK FOR EACH PARTNER IDENTIFIED]**

10c) For this partner, please indicate the statement that best characterizes this partner:

- Local government agencies (non-law enforcement, e.g. probation/parole, parks and recreation, code enforcement, etc.)
- Community based organizations (e.g. faith based, community redevelopment groups, social service providers, resident associations)
- Businesses operating in the community
- Tribal law enforcement agencies [if selected, question 10d will be asked]
- Federal, state, or local law enforcement agencies (non-tribal) including through multi-jurisdictional/regional partnerships [if selected, question 10d will be asked]
- Local educational institutions (schools/colleges/universities)
- Individual stake holders (persons residing, working, or with an interest in the community or problem)

10d) For your Federal, state, local, or Tribal law enforcement agency partner, please identify what steps you and your partner have initiated or enhanced to formalize your commitment to addressing this problem (please check all that apply):

- formalized MOU/MOA signed by both partners which governs partnership activities, roles, and responsibilities
- established shared ownership and responsibility
- co-committed resources (financial, staffing, etc.)
- established processes and/or systems to share relevant data
- conduct routine meetings at the operational or strategic level to plan and implement responses
- conduct joint training and planning exercises

11) If awarded funds my agency will use the following information sources to **assess our response** to this problem to determine whether the response was implemented and achieved the desired outcomes (please check all that apply):

- Routinely collected law enforcement data/information related to the problem (e.g. crime data, arrests, incident reports, calls for service)
- Data/information regarding whether the response was implemented as planned
- Police data collected for this specific problem (e.g. problem-specific surveys, field interview contact cards, etc.)
- Non-police data/information related to the problem (e.g. insurance crash data, other government agency data, census data, survey data)
- Data/information from the community related to the problem (e.g. resident associations, business groups, non-profit community service organizations)
- Information about offenders contributing to the problem (e.g. offender interviews, arrest records, probation/parole data)
- Information about victims and/or stake holders affected by the problem (e.g. crime reports, victim interviews)
- None of the above

12) To the best of your ability at this time, would you say **your primary goal(s)** in responding to <<identified problem>> include which of the following (please select up to 3):

- Eliminating the problem
- Reducing the number of incidents
- Increasing public trust in your agency
- Reducing the seriousness of the incidents or the amount of harm
- Reducing the number of victims and/or repeat victims
- Reducing the number of offenders and/or repeat offenders
- Moving the problem to another area
- Getting other agencies and/or stake holders to assume responsibility for the problem
- Improving the response to the problem (i.e., more comprehensive and coordinated way of dealing with the problem, providing better services to victims, or greater efficiency in dealing with the problem)
- Improving citizen perceptions of the problem
- Increasing the number of arrests/citations
- Reducing the number of calls for service
- None of the above

**Questions are no longer problem specific, please answer the following questions once per respondent.**

## **II(b) Proposed Community Policing Plan: Organizational Transformation**

COPS grants must be used to initiate or enhance community policing activities. In this section you will be asked to identify the **organizational change(s)** that your agency plans to focus on through your requested COPS funding. Identifying the specific **organizational change(s)** that your agency plans to focus on is important to ensure that you satisfy the requirements for COPS funding under this program, and to ensure that ultimately the use of these funds will initiate or enhance your agency's capacity to implement community policing strategies.

13) If awarded funds, will your agency initiate or enhance any of the following **internal changes to personnel management?** (Select no more than 2 internal changes to personnel management that will be addressed with these grant funds.)

- Flexibility in officer shift assignments to facilitate addressing specific problems
- Assignment of officers to specific neighborhoods or areas for longer periods of time to enhance customer service and facilitate more contact between police and citizens
- Recruitment and hiring practices that reflect an orientation towards problem solving and community engagement
- In-service training for officers on basic and advanced community policing principles
- Field training officer (FTO) programs that teach and test problem solving, community engagement, and critical thinking skills
- Further define and clarify community policing roles and expectations for officers
- Personnel evaluation systems that assess officer activities, accomplishments, and performance related to problem solving and community engagement
- Early intervention systems that help identify officers who may be showing early signs of stress, personal problems, and questionable work conduct
- First-line supervisory skills to support officer problem solving and community engagement activities
- Career development and/or promotional processes that reinforce problem solving and community engagement
- None of the above

13a) Briefly describe each specific internal personnel management change or enhancement that you identified above that you will address with these grant funds. [2,000 characters or less]

**Please provide a narrative for each internal change to personnel management identified.**

14) If awarded funds, will your agency initiate or enhance any of the following **internal changes to agency management?** (Select up to 2 internal changes to agency management that will be addressed with these grant funds.)

- Agency mission statement, vision, and/or goals that reflect the core values of community policing
- Agency strategic plan that outlines the goals and objectives around community policing and other departmental priorities
- Organizational performance measurement systems that include community policing metrics, and conduct annual assessments of agency performance
- Police officer ethical conduct initiative (e.g. procedural justice, values-based policing, etc.)
- Technology systems that provide officers, analysts, and the community better and more timely access to data and information
- Mediation strategies to resolve citizen complaints
- Collection, analysis, and use of crime data and information in support of problem solving goals
- Formal accreditation process
- System to capture and track problem solving and partnership efforts and activities
- An organizational assessment of community policing
- Level and frequency of communication with the community on crime problems and agency activities to enhance transparency
- None of the above



14a) Briefly describe each internal agency management change or enhancement that you identified above that you will address with these grant funds [2,000 characters or less]

**Please provide a narrative for each internal change to agency management identified.**

### **III. General Community Support and Engagement**

15) Did your agency consult with any of the following groups/organizations on the **development** of this community policing plan? (please check all that apply)

- Local government agencies (non-law enforcement, e.g. probation/parole, parks and recreation, code enforcement, etc.)
- Community based organizations (e.g. faith based, community redevelopment groups, social service providers, resident associations)
- Businesses operating in the community
- Tribal law enforcement agencies (outside your jurisdiction)
- Other Federal, state, or local law enforcement agencies
- Multi-jurisdictional or regional task forces/partnerships
- Local educational institutions (schools/colleges/universities)
- Local government officials
- Individual stakeholders residing, working or with an interest in the community and/or problem
- None of the above

16) To what extent are there related governmental and/or community initiatives that complement your agency's proposed community policing plan?

- a) There are a significant number of related initiatives
- b) There are a moderate number of related initiatives
- c) There are a minimal number of related initiatives
- d) There are no related initiatives

17) To what extent is there community support in your jurisdiction for implementing the proposed community policing plan?

- a) High level of support
- b) Moderate level of support
- c) Minimum level of support

18) If awarded funds, to what extent will the community policing plan impact the other components of the criminal justice system in your jurisdiction?

- a) Potentially decreased burden
- b) No change in burden
- c) Potentially increased burden

## SECTION 7: NEED FOR FEDERAL ASSISTANCE

### A. Waivers of the Local Match

Section Not Applicable to 2011 COPS Application Attachment

### B. Explanation of Need for Federal Assistance

All applicants are required to explain their inability to address the need for this award without federal assistance. Please do so in the space below.

[Please limit your responses to a maximum of 3,000 characters.]

### C. Fiscal Health

*Note: If your application involves a contract for law enforcement services please refer to the instructions regarding contracting arrangements found in Section 7: Fiscal Health of the Application Guide before completing this section.*

1) Enter your **law enforcement agency's total operating budget** for the current AND previous two fiscal years.

*Please note: All figures must be rounded to the nearest whole dollar.*

CURRENT FISCAL YEAR (<<Indicate Year>>) \$

PREVIOUS FISCAL YEAR (<<Indicate Year>>) \$

PREVIOUS FISCAL YEAR (<<Indicate Year>>) \$

2) Enter the **total jurisdictional (city, county, state, tribal, university) locally-generated revenues** for the current AND previous two fiscal years. Locally-generated revenues may include locally-generated property taxes, sales taxes, and other taxes and revenue sources (e.g., transportation taxes, transient lodging taxes, licensing fees, other non-property taxes, and franchise taxes). For example, college/university police departments would include tuition and fees, park police may include entrance and parking fees, etc. *Please note: All figures must be rounded to the nearest whole dollar.*

CURRENT FISCAL YEAR (<<Indicate Year>>) \$

PREVIOUS FISCAL YEAR (<<Indicate Year>>) \$

PREVIOUS FISCAL YEAR (<<Indicate Year>>) \$

3) Since <<Indicate Date>>, what percentages of the following employees in your jurisdiction (city, county, state, tribal, university) have been reduced through lay-offs?

Civilian Law Enforcement Agency Personnel  %

Sworn Law Enforcement Agency Personnel  %

Other Government Agency Personnel  %

4) Since <<Indicate Date>>, what percentages of the following employees in your jurisdiction (city, county, state, tribal, university) have been reduced through furloughs that have lasted or are scheduled to last a minimum of forty hours per affected employee over the course of a fiscal year?

Civilian Law Enforcement Agency Personnel  %

Sworn Law Enforcement Agency Personnel  %

Other Government Agency Personnel  %

5) Since <<Indicate Date>>, what percentages of the following authorized positions in your jurisdiction (city, county, state, tribal, university) are currently unfilled due to **official policies and/or decisions** that limit your jurisdiction's ability to fill vacancies (i.e., hiring freezes)? *For example, if your agency has ten authorized sworn positions and one is currently frozen, you would enter 10% on the sworn personnel line.*

Civilian Law Enforcement Agency Personnel  %

Sworn Law Enforcement Agency Personnel  %

Other Government Agency Personnel  %

6) **The U.S. Census Bureau American Community Survey (ACS) provides multi-year poverty rate estimates for communities. Please go to the U.S. Census Bureau's American FactFinder (<http://FactFinder.census.gov>) to determine the percentage of families in poverty in your jurisdiction based on the 2005 - 2009 ACS.** For jurisdictions not included in the census (e.g., schools, universities, transit, parks), please check the box for "Not Applicable." Please see the program Application Guide for additional information and help in using the American FactFinder. *Please note: All figures must be rounded to the nearest whole percent.*

Percentage of families in poverty  %

Not Applicable

7) **The Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) program provides monthly estimates of unemployment for communities. Please go to the Bureau of Labor Statistics' LAUS website ([www.bls.gov/lau/data.htm](http://www.bls.gov/lau/data.htm)) to find detailed instructions for looking up your local area's unemployment rate.** It may be necessary to select the nearest best match to your jurisdiction (for example, a city of fewer than 25,000 people may report their county level rate). Please see the program Application Guide for additional information and help in using the LAUS data. For jurisdictions not included in the census (e.g., schools, universities, transit, parks), please check the box for "Not Applicable." *Please note: All figures must be rounded to the nearest whole percent.*

Percentage unemployed for February 2011  %

Not Applicable

8) Indicate your jurisdiction's estimated residential property foreclosure rate for calendar year <<Indicate Year>>. This rate should be calculated as the total number of new default and auction foreclosure filings and new bank-owned foreclosures (REOs) in <<Indicate Year>> divided by the total number of residential households.

Bank Owned  %

Check here if the information necessary to calculate this rate is unavailable

9) Indicate if your jurisdiction has experienced any of the following events since <<Indicate Date>>:

(Check all that apply)

- A declaration of natural or other major disaster or emergency has been made pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act. (42 U.S.C. 5121 et seq.)
- A declaration as an economically or financially distressed area by the state in which the applicant is located.
- Downgrading of the applicant's bond rating by a major rating agency.
- Has filed for or been declared bankrupt by a court of law.
- Has been placed in receivership or its functional equivalent by the state or federal government.
- Taken on additional law enforcement duties and responsibilities resulting from an agency merger or the disbanding of a neighboring law enforcement agency (which did not result in a new or supplemented funded contract to provide these law enforcement services)

### Property/Violent Crime

1) Using UCR crime definitions, enter the actual number of incidents reported to your agency in the previous three calendar years <<Indicate Years>> for the following crime types. Note that only those incidents for which your agency had primary response authority should be provided.

UCR Data *	<<Indicate Year>>	<<Indicate Year>>	<<Indicate Year>>
Criminal Homicide	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forcible Rape	<input type="text"/>	<input type="text"/>	<input type="text"/>
Robbery	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggravated Assault	<input type="text"/>	<input type="text"/>	<input type="text"/>
Burglary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Larceny (except motor vehicle theft)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Vehicle Theft	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: Only those incidents for which your agency had primary response authority should be provided. An agency with primary response authority is defined as the first responder to calls for service for all types of criminal incidents within its jurisdiction. Agencies are not considered to have primary response authority if they only: respond to or investigate a specific type(s) of crime(s); respond to or investigate crimes within a correctional facility; serve warrants; provide courthouse security; transport prisoners; and/or have cases referred to them for investigation or investigational support.

\*Note: If your agency currently reports to NIBRS, or does not report crime incident totals at all, please ensure that your data is converted to UCR Summary Data style. Please see the COPS Application Guide or the FBI's UCR Handbook ([www.fbi.gov/ucr/handbook/ucrhandbook04.pdf](http://www.fbi.gov/ucr/handbook/ucrhandbook04.pdf)) for more information.

**SECTION 8: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS**

If you are applying for a COPS grant with a post-award retention requirement, please complete A. If you are applying for a COPS grant without a post-award retention requirement, please complete B.

**A. Continuation of Project after Federal Funding Ends (for COPS grants with a retention plan requirement)**

Applicants must plan to retain all sworn officer positions awarded under your COPS hiring grant for a minimum of 12 months at the conclusion of 36 months of federal funding for each position. The retained COPS funded positions should be added to your agency' law enforcement budget with state and/or local funds at the end of grant funding, over and above the number of locally-funded sworn officer positions that would have existed in the absence of the grant. These additional position(s) must be retained using state, local, or other non-federal funding only. You may not use funds awarded by other federal grants to cover the costs of retention. At the time of updated grant application, applicants must affirm that they plan to retain the positions and identify the planned source(s) of retention funding. We understand that your agency' source(s) of retention funding may change during the life of the grant. Your agency should maintain proper documentation of any changes in the event of an audit, monitoring or other evaluation of your grant compliance. Please refer to the frequently asked questions on retention which can be found here <http://www.cops.usdoj.gov/Default.asp?Item=2364>.

**1. Will your agency plan to retain any additional positions awarded under this grant for a minimum of 12 months at the conclusion of federal funding for each position?**

YES  NO

Note: Agencies that do not plan to retain all the positions awarded under this grant are ineligible to receive CHP funding

**2. Please identify the source(s) of funding that your agency plans to utilize to cover the costs of retention:**

*(check all that apply)*

- General funds
- Raise bond/tax issue
- Private sources/donations
- Non-federal asset forfeiture funds (subject to approval from the state or local oversight agency)
- Fundraising efforts
- State, local, or other non-federal grant funding
- Other (Please provide a brief description of the source(s) of funding not to exceed 350 characters.)

--

**B. Continuation of Project after Federal Funding Ends (for other COPS grants with no retention plan requirement)**

Please complete these questions to indicate any plans you may have to continue this program, project, or activity after the conclusion of federal funding.

**1. Does your agency plan to obtain necessary support and continue the program, project, or activity following the conclusion of federal support?**

YES  NO

**2. Please identify the source(s) of funding that your agency plans to utilize to continue the program, project, or activity following the conclusion of federal support: (check all that apply)**

- General funds
- Raise bond/tax issue
- Private sources/donations
- Non-federal asset forfeiture funds (subject to approval from the state or local oversight agency)
- Fundraising efforts
- State, local, or other non-federal grant funding
- Other (Please provide a brief description of the source(s) of funding not to exceed 350 characters.)

## SECTION 9: SCHOOL SAFETY ASSESSMENT

### SOS Applicants Only

Agencies which have conducted a school safety assessment within the last three years must answer questions 1-5 regarding the assessment. If your agency has not conducted a school safety assessment within the last three years, your agency must answer questions 6-11, but these questions will be focused on the assessment that will be conducted during the grant implementation period. Your agency may request funding through this grant application to conduct a school safety assessment. Please note, your agency may request other allowable items and is not limited to solely funding a school safety assessment.

Has your agency conducted an assessment within the last three years?

### **APPLICANTS WHICH HAVE CONDUCTED SCHOOL SAFETY ASSESSMENTS WITHIN THE LAST THREE YEARS (Questions 1-5)**

1. When was the assessment conducted?

2. Who conducted the assessment? Identify ALL internal and external parties involved (e.g. teachers, students, parents, community stakeholders, local businesses, emergency management personnel, security assessment evaluators and/or consultants).

- |   |   |
|---|---|
| <input type="checkbox"/> Teachers               | <input type="checkbox"/> Emergency Management Personnel   |
| <input type="checkbox"/> Students               | <input type="checkbox"/> School Security/Safety Personnel |
| <input type="checkbox"/> Parents                | <input type="checkbox"/> Consultants                      |
| <input type="checkbox"/> Community Stakeholders | <input type="checkbox"/> School Administrators            |
| <input type="checkbox"/> Local Business         | <input type="checkbox"/> Other <input type="text"/>       |

3. Identify what aspects of school safety and security were assessed. Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Security and Surveillance Systems     | <input type="checkbox"/> School Code of Conduct                    |
| <input type="checkbox"/> Building Access Control               | <input type="checkbox"/> Emergency Preparedness/Crisis Plans       |
| <input type="checkbox"/> Classroom Security                    | <input type="checkbox"/> School Incident and Discipline Data       |
| <input type="checkbox"/> Student and Teacher Handbooks         | <input type="checkbox"/> Evaluation of Site Access Control Systems |
| <input type="checkbox"/> Emergency Communications              | <input type="checkbox"/> Indoor/Outdoor Athletic Facilities        |
| <input type="checkbox"/> Safety and Security of School Grounds | <input type="checkbox"/> Other <input type="text"/>                |

4. What were the findings of the assessment? Specifically outline the areas of the school(s) where problems were identified and the proposed recommendations for resolution. Please note: All budget items requested must be justified in your budget narrative as a result of these findings of the assessment. Answers are limited to 2000 characters.

5. Did the assessment include any staff, teacher, student, or parent survey data related to school climate?

- Yes       No

If yes, please describe the survey instrument your agency used. Answers are limited to 1000 characters.

**APPLICANTS WHICH HAVE NOT CONDUCTED SCHOOL SAFETY ASSESSMENTS WITHIN THE LAST THREE YEARS (Questions 6-11)**

6. When will the assessment be conducted?

*The School Safety Assessment MUST be conducted within the grant implementation period.*

7. Did your agency request monies through this grant application to conduct a school safety assessment and include a description of the planned school safety assessment in the budget narrative?

Yes                       No

If your agency answered no, please explain your response. Answers are limited to 1000 characters.

8. Who will conduct the assessment? Identify ALL internal and external parties that may be involved.

Select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Teachers               | <input type="checkbox"/> Emergency Management Personnel    |
| <input type="checkbox"/> Students               | <input type="checkbox"/> School Security/ Safety Personnel |
| <input type="checkbox"/> Parents                | <input type="checkbox"/> Consultants                       |
| <input type="checkbox"/> Community Stakeholders | <input type="checkbox"/> School Administrators             |
| <input type="checkbox"/> Local Business         | <input type="checkbox"/> Other <input type="text"/>        |

9. Identify what aspects of school safety and security will be assessed. Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Security and Surveillance Systems     | <input type="checkbox"/> School Code of Conduct                    |
| <input type="checkbox"/> Building Access Control               | <input type="checkbox"/> Emergency Preparedness/Crisis Plans       |
| <input type="checkbox"/> Classroom Security                    | <input type="checkbox"/> School Incident and Discipline Data       |
| <input type="checkbox"/> Student and Teacher Handbook          | <input type="checkbox"/> Evaluation of Site Access Control Systems |
| <input type="checkbox"/> Emergency Communications              | <input type="checkbox"/> Indoor/Outdoor Athletic Facilities        |
| <input type="checkbox"/> Safety and Security of School Grounds | <input type="checkbox"/> Other <input type="text"/>                |

10. Does your agency plan to include any staff, teacher, student, or parent survey data related to school climate?

Yes                       No

If yes, please describe the survey instrument your agency plans to use. Answers are limited to 1000 characters.

11. Specifically outline the areas of the school(s) where problems were identified and the proposed recommendations for resolution. Please note all budget items requested must be justified in your budget narrative as a result of these findings of the preliminary assessment. Answers are limited to 2000 characters.



## SECTION 10: EXECUTIVE SUMMARY

Please provide a brief summary of how your agency will use this federal funding. Refer to the COPS Application Guide for clarification on specific information to include in your summary, and be sure to provide a description of how you expect this grant to impact public safety and/or crime prevention in your community. The Executive Summary may be used to keep Congress or other executive branch agencies informed on law enforcement strategies to deter crime in your community.

[Responses are limited to a maximum of 3,000 characters.]

## SECTION 11: PROJECT DESCRIPTION (NARRATIVE)

Please include in your application an in-depth narrative response detailing your proposed project. Please refer to the COPS Application Guide: "How to Apply" for information on what should be included in your response, as well as any additional formatting requirements and page length limitations. **Note: Community Policing Development (CPD) grant applicants must submit their entire project description as an attachment in Section 13 of this application.**

### A. Problem Identification

[Responses are limited to a maximum of 3,000 characters.]

### B. Project Goals/Objectives

[Responses are limited to a maximum of 3,000 characters.]

### C. Building Relationships and Solving Problems

[Responses are limited to a maximum of 3,000 characters.]

### D. Implementation Plan

[Responses are limited to a maximum of 3,000 characters.]

**E. Evaluation Plan/Effectiveness of Program**

[Responses are limited to a maximum of 3,000 characters.]

**F. Project Description (Narrative) Attachment:**

**Community Policing Development (CPD)** applicants must submit their entire project description as an attachment in Section 13 of this application.

## SECTION 12: OFFICIAL PARTNER(S) CONTACT INFORMATION

An official "partner" under the grant may be a governmental, private, school district, or other applicable entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. Please see the COPS Application Guide for more information on official partners that may be required.

Title:	<input type="text"/>						
First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Name of Partner Agency (e.g., Smithville High School):	<input type="text"/>						
Type of Partner Agency (e.g., School District):	<input type="text"/>						
Street Address 1:	<input type="text"/>						
Street Address 2:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>		
Telephone:	<input type="text"/>			Fax:	<input type="text"/>		
E-mail:	<input type="text"/>						

Click here to add additional partners.

### Person Submitting this Application

- By clicking this box and typing my name below, I certify that I have been legally and officially authorized by the appropriate governing body to identify the partner(s) listed above and act on behalf of the grant applicant entity. I also certify that the above agency (or agencies) is a partner (or are partners) to the grant project as required by the grant and that our agencies mutually agreed to this partnership as related to this grant project prior to submission of this grant application. In addition, I certify that the information provided above regarding the partner(s) is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the Federal Government.

**Please type your name here in place of your signature:**

## SECTION 13: APPLICATION ATTACHMENTS

This section should be used to attach any required or applicable attachments to your grant application (e.g., Budget Narrative, Memorandum of Understanding, etc.).

If the program for which you are applying requires a Memorandum of Understanding (MOU), this document should define the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific Application Guide to determine if an MOU or other application attachments are required. The Guide will also specify if optional attachments are permitted for submission.

### [ADD ATTACHMENTS](#)

<< Uploaded Attachment 1 Name >>	<input type="text" value="Select One..."/>
<< Uploaded Attachment 2 Name >>	<input type="text" value="Select One..."/>

## **SECTION 14: BUDGET DETAIL WORKSHEETS**

### **Instructions for Completing the Budget Detail Worksheets**

The following Budget Detail Worksheets are designed to allow all COPS grant and cooperative agreement applicants to use the same budget forms to request funding. Allowable and unallowable costs vary widely and depend upon the type of COPS program. The maximum federal funds that can be requested and the federal/local share breakdown requirements also vary.

Please refer to the program-specific Application Guide to determine the allowable/unallowable costs, the maximum amount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying. To assist you, sample Budget Detail Worksheets are included in each Application Guide.

Please complete each section of the Budget Detail Worksheets applicable to the program for which you are applying (see the program-specific Application Guide for requirements). If you are not requesting anything under a particular budget category, please check the appropriate box in that category indicating that no positions or items are requested.

All calculations should be rounded to the nearest whole dollar. Once the budget for your proposal has been completed, a budget summary page will reflect the total amounts requested in each category, the total project costs, and the total federal and local shares.

**If you need assistance in completing the Budget Detail Worksheets, please call the COPS Office Response Center at 800-421-6770.**

**A. SWORN OFFICER POSITIONS****No Sworn Officer Positions Requested** 

**Instructions:** This worksheet will assist your agency in reporting your agency's current *entry-level* salary and benefits and identifying the total salary and benefits request per officer position for the length of the grant term. Please list the current entry-level base salary and fringe benefits *rounded to the nearest whole dollar* for one full-time sworn officer position within your agency. Do not include employee contributions. (Please refer to the program-specific Application Guide for information on the length of the grant term for the program under which you are applying.)

**Special note regarding sworn officer fringe benefits:** For agencies that do not include fringe benefits as part of the base salary costs and typically calculate these separately, the allowable expenditures may be included under Part 1, Section B. Any fringe benefits that are already included as part of the agency's base salary (Part 1, Section A of the Sworn Officer Budget Worksheet) should not also be included in the separate fringe listing (Part 1, Section B).

Please refer to the program-specific Application Guide for information about allowable and unallowable fringe benefits for sworn officer positions requested under the program to which your agency is applying.

**A. Full-Time Entry-Level Sworn Officer Base Salary Information**

**No Sworn Officer Positions Requested**

**Part 1: Instructions:** Please complete the questions below based on your agency's entry-level salary and benefits package for one locally-funded officer position. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries. To learn more about what types of officer fringe benefit costs are allowable, please click [here](#)

<b>A. Base Salary Information</b>	<b>Year 1 Salary</b> Enter the current first year entry-level base salary for one sworn officer position. \$ <input type="text"/>	<b>Year 2 Salary (As applicable)</b> Enter the second year base salary for one entry-level sworn officer position. \$ <input type="text"/>	<b>Year 3 Salary (As applicable)</b> Enter the third year base salary for one entry-level sworn officer position. \$ <input type="text"/>
-----------------------------------	---	--	---

**B. Fringe benefit costs should be calculated for each year of the grant term.**

**FRINGE BENEFITS:**

**Social Security Exempt:**  6.2%  Fixed Rate:

*Cannot exceed 6.2% of Total Base Salary.*

**Medicare Exempt:**  1.45%  Fixed Rate:

*Cannot exceed 1.45% of Total Base Salary.*

**Health Insurance**

**Individual:**  **Family:**  **Fixed Rate:**

**Life Insurance** **Fixed Rate:**

**Vacation** **Number of Hours Annually:**

**Sick Leave** **Number of Hours Annually:**

**Retirement** **Fixed Rate:**

**Worker's Compensation Exempt:**  **Fixed Rate:**

**Unemployment Insurance Exempt:**  **Fixed Rate:**

**Other**

**Other**

**Other**

**Benefits Sub-Total Per Year (1 Position)**

**C. Total Year Salary and Benefits (1 Position):**

	Year 1 Fringe Benefits	Year 2 Fringe Benefits	Year 3 Fringe Benefits
	COST: \$ <input type="text"/>	COST: \$ <input type="text"/>	COST: \$ <input type="text"/>
	% OF BASE <input type="text"/> %	% OF BASE <input type="text"/> %	% OF BASE <input type="text"/> %
Social Security	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Medicare	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Health Insurance Individual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Health Insurance Family	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Life Insurance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Vacation	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Sick Leave	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Worker's Compensation	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Unemployment Insurance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>C. Total Year Salary and Benefits (1 Position):</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position):** \$  X  # of Positions = \$

## Part 2: Sworn Officer Salary Information

If your agency's second and/or third-year costs for salaries and/or fringe benefits increase after the first year, check the reason(s) why in the space below:

Cost of living adjustment (COLA)

Step raises

Change in benefit costs

## Part 3: Federal/Local Share Costs (for Hiring Grants)

If the COPS Hiring Grant Program requires a local match, the grantees are required to pay a progressively larger share of the cost of the grant with local funds over the grant period. Please refer to the program-specific Application Guide to determine if this section is applicable. This means that your local match must increase each year, while the federal share must decrease. Please project in the chart below how your agency plans to assume a progressively larger share of the grant costs during each year of the program. The chart is a projection of your plans; while your agency may deviate from these specific projections during the grant period, it must still ensure that the federal share decreases and the local share increases.

	Year 1	Year 2	Year 3
<b>Federal Share</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Local Share</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Totals</b>	\$ (Pre-populated)	\$ (Pre-populated)	\$ (Pre-populated)

<b>Total salary and benefits for years 1, 2 &amp; 3 (all positions):</b>	\$ (Pre-populated from budget)
<b>Total federal share:</b>	\$ (Pre-populated from budget)
<b>Total local share required (sworn officer costs):</b> (Based on Years 1, 2 & 3 costs for all sworn positions)	\$ (Pre-populated from budget)



**B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**

No Civilian/Non-Sworn Officer Positions Requested

**Part 1: Instructions:** Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information	Year 1 Salary Enter the current first year base salary for one civilian/non-sworn position.	Year 2 Salary (As applicable) Enter the second year base salary for one civilian/non-sworn position.	Year 3 Salary (As applicable) Enter the third year base salary for one civilian/non-sworn position.
Position Title <input style="width:90%;" type="text"/>	\$ <input style="width:10%;" type="text"/>	\$ <input style="width:10%;" type="text"/>	\$ <input style="width:10%;" type="text"/>
Description <input style="width:90%;" type="text"/> (One position per worksheet)	x <input style="width:10%;" type="text"/> % of time on project = \$ <input style="width:10%;" type="text"/>	x <input style="width:10%;" type="text"/> % of time on project = \$ <input style="width:10%;" type="text"/>	x <input style="width:10%;" type="text"/> % of time on project = \$ <input style="width:10%;" type="text"/>
<b>B. Fringe benefit costs should be calculated for each year of the grant term.</b>			
<b>FRINGE BENEFITS:</b>	<b>Year 1 Fringe Benefits</b>	<b>Year 2 Fringe Benefits</b>	<b>Year 3 Fringe Benefits</b>
Social Security Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ <input style="width:10%;" type="text"/> % OF BASE <input style="width:10%;" type="text"/> %	COST: \$ <input style="width:10%;" type="text"/> % OF BASE <input style="width:10%;" type="text"/> %	COST: \$ <input style="width:10%;" type="text"/> % OF BASE <input style="width:10%;" type="text"/> %
Cannot exceed 6.2% of Total Base Salary.			
Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Cannot exceed 1.45% of Total Base Salary.			
Health Insurance Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Life Insurance Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Vacation Number of Hours Annually: <input style="width:100%;" type="text"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Sick Leave Number of Hours Annually: <input style="width:100%;" type="text"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Retirement Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Other <input style="width:90%;" type="text"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Other <input style="width:90%;" type="text"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
Other <input style="width:90%;" type="text"/>	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %	\$ <input style="width:10%;" type="text"/> %
<b>Benefits Sub-Total Per Year (1 Position)</b>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>
<b>Total (A+B)</b>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>
<b>D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position):</b> \$ <input style="width:100%;" type="text"/>			

If requesting additional positions with identical budget check here  Indicate # of positions  If requesting other position(s) with different budget(s), check here

**Civilians/Non-Sworn Personnel Total \$**

**C. EQUIPMENT/TECHNOLOGY**

**No Equipment/Technology Requested**

**Instructions:** List non-expendable items that are to be purchased. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.**

Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the “SUPPLIES” or “OTHER” categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the “CONTRACTS / CONSULTANTS” category.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

**For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.**

See the [program-specific Application Guide](#) for a list of allowable/unallowable costs for this program.

Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box. Please limit your descriptions to 1000 characters.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal	Description
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> More Equipment/Technology Entries Required	<b>Equipment/Technology Total:</b> \$ <input type="text"/>		

**D. SUPPLIES**

**No Supplies Requested**

**Instructions:** List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). **Provide a specific description for each item and explain how it supports the project goals and objectives outlined in your application.** Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the [program-specific Application Guide](#) for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box. Please limit your descriptions to 1000 characters.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal	Description
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> More Supply Entries Required	<b>Supplies Total:</b> \$		<input type="text"/>

**E. TRAVEL/TRAINING**

**No Travel/Training Requested**

**Instructions:** Itemize grant-related travel expenses of grantee personnel (excluding consultants, whose expenses are listed in Section F) by event (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Identify the location of travel whenever possible, and show the number of staff expected to attend each event. Training fees, transportation, lodging and per diem rates for trainees should be listed as separate travel items. Grantee travel costs specific to the grant project may be based on the grantee's written travel policy, assuming the costs are reasonable. Grantees without a written travel policy must follow the established federal rates (found at [www.gsa.gov](http://www.gsa.gov)) for lodging, meals, and per diem. For all grantees (with or without a written travel policy), airfare travel costs must be one of the following: the lowest discount commercial airfare, standard coach airfare, or the Federal Government contract airfare (if authorized and available). Note: Any local training costs (within a 50-mile radius) should be listed under Section G ("Other Costs").

See the [program-specific Application Guide](#) for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box. Please limit your descriptions to 1000 characters.

Event Title and Location	Event Costs	Number of Staff	Per Event Subtotal	Description
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> More Travel/Training Entries Required	<b>Travel/Training Total:</b>			\$ <input type="text"/>

**F. CONTRACTS/CONSULTANTS**

**No Contracts/Consultants Costs Requested**

**Instructions:** See the [program-specific Application Guide](#) for a list of allowable/unallowable costs for the particular program to which you are applying. Please limit your descriptions to 1000 characters.

**1. Contracts:** Provide a cost estimate for the product or service to be procured by contract. Applicants are encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source procurements of equipment, technology, or services in excess of \$100,000 must be submitted to the COPS Office for prior approval. (See Application Guide for more information on the required submission.)

Contract Name	Per Contract Subtotal	Description
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Contract Subtotal:</b> \$ <input type="text"/>		

**2. Consultant Fees:** For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of \$550 per day require additional written justification and must be pre-approved in writing by the COPS Office if the consultant is hired via a noncompetitive bidding process.

Consultant Name/Title	Service Provided	Computation (Cost X # Days)	Per Consultant Subtotal	Description
<input type="text"/>	<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<b>Consultant Fees Subtotal:</b> \$ <input type="text"/>				

**3. Consultant Travel:** List all travel-related expenses to be paid from the grant to the individual consultants (e.g., transportation, meals, lodging) separate from their consultant fees.

Consultant Name/ Event Title	Event Costs		Number of Staff	Per Consultant Travel Subtotal	Description
<input type="text"/>	Registration \$ <input type="text"/>	Transportation \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
	Per diem \$ <input type="text"/>	Lodging \$ <input type="text"/>			
<input type="text"/>	Registration \$ <input type="text"/>	Transportation \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
	Per diem \$ <input type="text"/>	Lodging \$ <input type="text"/>			
<b>Consultant Travel Subtotal:</b> \$ <input type="text"/>					

**4. Consultant Expenses:** List all travel-related expenses to be paid from the grant to the individual consultants separate from their consultant fees and travel expenses (e.g., computer equipment and office supplies).

Consultant Name/Title	Item(s)	Per Consultant Expenses Subtotal	Description
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Consultant Expenses Subtotal:</b> \$ <input type="text"/>			

**Contracts/Consultants**

(Contracts (F1) + Consultant Fees (F2) +  
Consultant Travel (F3) + Consultant Expenses (F4))

\$

**G. OTHER COSTS**

**No Other Costs Requested**

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.**

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the [program-specific Application Guide](#) for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box. Please limit your descriptions to 1000 characters.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal	Description
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	( <input type="text"/> X <input type="text"/> )	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> More Other Costs Entries Required	<b>Other Costs Total: \$</b> <input type="text"/>		

**H. INDIRECT COSTS****No Indirect Costs Requested** 

**Instructions:** Indirect costs are allowed under a very limited number of COPS programs. Please see the [program-specific Application Guide](#) for a list of allowable/unallowable costs for the particular program to which you are applying.

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application. Please limit your descriptions to 1000 characters.

[If CHP and Tribal Agency, the text below will be displayed as second paragraph above.]

If your organization is requesting indirect costs for this project, please include a copy of your current, signed federally-approved indirect Cost Rate Negotiated Agreement. If the applicant does not have an approved rate, a rate can be requested by contacting the applicant's cognizant federal agency, which will review all documentation and approve a rate for the applicant organization. Please limit your description to 1000 characters .

Indirect Cost Description	Approved Indirect Cost Rate	Indirect Cost Total	Description
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> More Indirect Costs Entries Required	<b>Indirect Costs Total:</b> \$ <input type="text"/>		

**BUDGET SUMMARY**

**Instructions:** Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, click the "Edit" button for that category.

*Note: Agencies applying for Secure Our Schools (SOS) must enter a "Total Local Share Amount" percentage of 50% in the designated area below.*

*Applicants for all other Fiscal Year 2011 COPS Grants are not required to provide a local match.*

	<b>Budget Category</b>	<b>Category Total</b>	<b>Edit</b>
<b>A.</b>	<b>Sworn Officer Positions</b>	\$ <input type="text"/>	
<b>B.</b>	<b>Sworn Officer Fringe Benefits</b>	\$ <input type="text"/>	
<b>C.</b>	<b>Civilian/Non-Sworn Personnel</b>	\$ <input type="text"/>	
<b>D.</b>	<b>Civilian/Non-Sworn Fringe Benefits</b>	\$ <input type="text"/>	
<b>E.</b>	<b>Equipment/Technology</b>	\$ <input type="text"/>	
<b>F.</b>	<b>Supplies</b>	\$ <input type="text"/>	
<b>G.</b>	<b>Travel/Training</b>	\$ <input type="text"/>	
<b>H.</b>	<b>Contracts/Consultants</b>	\$ <input type="text"/>	
<b>I.</b>	<b>Other Costs</b>	\$ <input type="text"/>	
<b>J.</b>	<b>Indirect Costs</b>	\$ <input type="text"/>	
<b>Total Project Amount:</b>		\$ <input type="text"/>	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ <input type="text"/>	<input type="text"/> %
<b>Total Local Share Amount (If applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ <input type="text"/>	<input type="text"/> %

**Contact Information for Budget Questions**

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name:

Title:

Phone:

Fax:

E-mail Address:



## SECTION 15A: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. The Office of Community Oriented Policing Services needs to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at 800-421-6770.

By signing this form, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
2. It will comply with the provisions of federal law, which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70 (governing administrative requirements for grants and cooperative agreements); 2 CFR Part 225 (OMB Circular A-87), 2 CFR 220 (OMB Circular A-21), 2 CFR Part 230 (OMB Circular A-122) and 48 CFR Part 31.000, et seq. (FAR 31) (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the applicable COPS Application Guidelines; the applicable COPS Grant Owner's Manuals; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. It will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789d); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E, G and I) of the Code of Federal Regulations.
  - A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
  - B. If your organization has received an award for \$500,000 or more and has 50 or more employees, then it has to prepare an Equal Employment Opportunity Plan (EEOP) and submit it to the Office for Civil Rights ("OCR"), Office of Justice Programs, 810 7th Street, N.W., Washington, DC 20531, for review within 60 days of the notification of the award. If your organization received an award between \$25,000 and \$500,000 and has 50 or more employees, your organization still has to prepare an EEOP, but it does not have to submit the EEOP to OCR for review. Instead, your organization has to maintain the EEOP on file and make it available for review on request. In addition, your organization has to complete Section B of the Certification Form and return it to OCR. If your organization received an award for less than \$25,000; or if your organization has less than 50 employees, regardless of the amount of the award; or if your organization is a medical institution, educational institution, nonprofit organization or Indian tribe, then your organization is exempt from the EEOP requirement. However, your organization must complete Section A of the Certification Form and return it to OCR.
9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency' (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.
11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.
12. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.
14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.
15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.
16. If the awarded grant contains a retention requirement, it will retain the increased officer staffing level and/or the increased officer redeployment level, as applicable, with state or local funds for a minimum of 12 months following expiration of the grant period.
17. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-Lobby Act, 18 U.S.C. 1913.
18. In the event that a portion of grant reimbursements are seized to pay off delinquent federal debts through the Treasury Offset Program or other debt collection process, it agrees to increase the non-federal share (or, if the awarded grant does not contain a cost sharing requirement, contribute a non-federal share) equal to the amount seized in order to fully implement the grant project.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Signature of Law Enforcement Executive/Agency Executive (For your electronic signature, please type in your name)	Date

Signature of Government Executive/Financial Official (For your electronic signature, please type in your name)	Date

## SECTION 15B: CERTIFICATIONS

### Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Federal Taxes and Assessments; Drug-Free Workplace Requirements; and Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2 CFR Part 2867, "Nonprocurement Debarment and Suspension," Public Law 111-117 or the most recent applicable appropriations Act, 28 CFR Part 83, "Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

#### 1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions; and
- C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Part 2867.20(a), the applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) or private agreement or transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default.

#### 3. Federal Taxes and Assessments

If applicable, an applicant who receives an award in excess of \$5,000,000 certifies that, to the best of its knowledge and belief, the applicant has filed all federal tax returns required during the three years preceding the certification, has not been convicted of a criminal offense under the Internal Revenue Code of 1986, and has not, more than 90 days prior to certification, been notified of any unpaid federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

#### 4. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantees/recipients, as defined at 28 CFR Part 83.660 -

- A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:
  - (i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (ii) Establishing an on-going drug-free awareness program to inform employees about -
    - (a) The dangers of drug abuse in the workplace;
    - (b) The grantee's policy of maintaining a drug-free workplace;
    - (c) Any available drug counseling, rehabilitation and employee assistance programs; and
    - (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;

- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 145 N St, NE, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant;
- (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;
- (vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v), and (vi).

**Grantee Agency Name and Address:**

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

Check  if there are workplaces on file that are not identified here.

5. The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

*Where the applicant is unable to certify to any of the statements in this Certifications form, he or she shall attach an explanation to this application regarding the particular statement that cannot be certified. Please check here  if an explanation is attached to this application. Please note that the applicant is still required to sign the Certifications form to certify to all the other applicable statements.*

**Grantee Agency Name and Address:**

**Grantee IRS/ Vendor Number:**

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Signature of Law Enforcement Executive/Agency Executive (For your electronic signature, please type in your name)	Date

Signature of Government Executive/Financial Official (For your electronic signature, please type in your name)	Date

## SECTION 16: DISCLOSURE OF LOBBYING ACTIVITIES

### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> :  Congressional District, <i>if known</i> : <sup>4c</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, <i>if known</i> :	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## SECTION 17: REVIEWS AND CERTIFICATIONS

### 1) Federal Civil Rights and Grant Reviews:

Please be advised that an application may not be funded and, if awarded, a hold may be placed on the award if it is deemed that the applicant is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a Department of Justice grant review or audit.

### 2) Certification of Review of 28 C.F.R. Part 23/Criminal Intelligence Systems:

*Please review the COPS Application Guide: Legal Requirements Section for additional information.*

Please check one of the following, as applicable to your agency's intended use of this grant:

- No, my agency will not use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system.
- Yes, my agency will use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system. By signing below, we assure that our agency will comply with the requirements of 28 C.F.R. Part 23.

### 3) Certification of Review and Representation of Compliance with Requirements:

The signatures of the Law Enforcement Executive/Agency Executive, Government Executive/Financial Official, and the Person Submitting this Application on the Reviews and Certifications represent to the COPS Office that:

- a) the signatories have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity;
- b) the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; the COPS Grant Owner's Manual, Assurances, Certifications and all other applicable program regulations, laws, orders, and circulars;
- c) the applicant understands that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government; AND
- d) the information provided in this application, including any amendments, shall be treated as material representations of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

*The signatures of the Law Enforcement Executive/Agency Executive and the Government Executive/Financial Official on this application must be the same as those identified in Section 4 of this application. Applications with missing, incomplete, or inaccurate signatories or responses may not be considered for funding.*

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Signature of Law Enforcement Executive/Agency Executive  
(For your electronic signature, please type in your name)

Date

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Signature of Government Executive/Financial Official  
(For your electronic signature, please type in your name)

Date

---

Signature of the Person Submitting This Application  
(For your electronic signature, please type in your name)

Date

By clicking this box,  the applicant understands that the use of typed names in this grant application and the required grant forms, including the Assurances and Certifications, constitute electronic signatures and that the electronic signatures are the legal equivalent of handwritten signatures.



## SECTION 18: APPLICATION DATA VERIFICATION

By signing below, I certify that I have read, understand and agree to the following:

- a) my agency has been requested by the COPS Office to review, confirm and/or update specific data items that were previously submitted in our COPS application and our failure to respond to the request may eliminate our application from 2011 funding consideration;
- b) my agency has reviewed, confirmed and/or updated the specific data items identified by the COPS Office, and certify that the information is true and accurate;
- c) I am authorized by the appropriate governing body to act on behalf of the grant applicant entity to make changes to our COPS application which will be considered for 2011 funding;
- d) the information provided in this application, including any amendments, shall be treated as material representations of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant; and
- e) the applicant understands that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

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Signature of the Person Completing this Form

(For your electronic signature, please type in your name)

Date Completed

**ELECTRONIC SIGNATURE:** By clicking this box , I understand that typing in my name on this form constitutes an electronic signature and that the electronic signature is the legal equivalent of a handwritten signature.

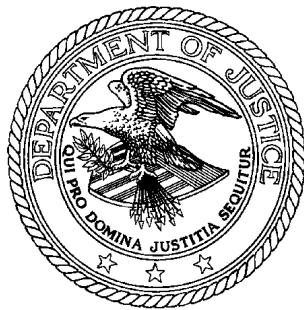
In order for your agency to be considered for COPS grant funding, all application updates must be submitted through the COPS website ([www.cops.usdoj.gov](http://www.cops.usdoj.gov)) by <<Enter Date>>. For technical assistance with submitting your updates or to withdraw your agency's application from funding consideration, please call the COPS Office Response Center at 800-421-6770.

## **Paperwork Reduction Act Notice**

The public reporting burden for this collection of information is estimated to be up to 11.3 hours per response, depending upon the COPS program being applied for, which includes time for reviewing instructions. 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, 145 N Street, NE, Washington, DC 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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 1103-0098 and the expiration date is 05/31/2013.

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**FOR MORE INFORMATION:**

U.S. Department of Justice  
Office of Community Oriented Policing Services  
145 N Street, NE  
Washington, DC 20530

To obtain details on COPS programs, call the  
COPS Office Response Center at 800-421-6770

Visit COPS Online at [www.cops.usdoj.gov](http://www.cops.usdoj.gov).

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Revised Date: January 2011

