

# COPS Active Progress Report

## PROJECT IMPLEMENTATION STATUS

### Hiring Questions

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

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

## **COPS FUNDED OFFICER INFORMATION**

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

<b>Grant Program</b>	<b>Grant #</b>	<b>New Hires</b>	<b>Rehires Pre-Application Layoffs</b>	<b>Rehires Post-Application Layoffs</b>
CHRP				
CHP				
*For the position(s) you do not intend to fill, please contact your Grant Program Specialist at 1-800-421-6770 to discuss a grant modification and/or withdrawal.				

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

4. 2010RKWX0001

I certify by checking this box that, as stated in my original grant application, my agency plans to retain the additional sworn officer position(s) awarded under the Hiring grant with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position.

Please check this box if your agency has any questions about the retention requirement and/or is concerned about your agency's ability to retain the officer position(s) due to fiscal distress or other extenuating circumstances. The COPS Office will contact you to provide you with additional grant implementation assistance. Please provide a brief explanation below of your question or concern.

*(please explain in 1000 characters or less):*

4. 2010RLWX0005

I certify by checking this box that, as stated in my original grant application, my agency plans to retain the additional sworn officer position(s) awarded under the Hiring grant with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position.

Please check this box if your agency has any questions about the retention requirement and/or is concerned about your agency's ability to retain the officer position(s) due to fiscal distress or other extenuating circumstances. The COPS Office will contact you to provide you with additional grant implementation assistance. Please provide a brief explanation below of your question or concern.

*(please explain in 1000 characters or less):*

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

<b>2010RKWX0001 CHRP</b>	<b>2010RLWX0005 CHP</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

	Grant Modification Needed	Grant Extension Needed	Community Policing Assistance	Grant Withdrawal Needed	Federal Financial Report Question	Retention Issue	Other
2010RKWX0001 CHRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010RLWX0005 CHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Non-Hiring Questions**

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

2010CKWX0123 Technology	2010CKWXX005 CPD
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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

	Purchasing in progress	Change in administration	Vendor delays	Procurement issues	Technical issues	Sole Source Approval Needed	Other
2010CKWX0123 Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXX005 CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010CKWX0123 (please explain in 1000 characters or less):

2010CKWXX005 (please explain in 1000 characters or less):

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

2010CKWX0123 Technology	2010CKWXX005 CPD
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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

	Recruitment/Hiring in Progress	Staff Turnover	Lack of Qualified Candidates	Change in Administration	Temporary hiring freeze	Other
2010CKWX0123 Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXX005 CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010CKWX0123 (please explain in 500 characters or less):

2010CKWXK005 (please explain in 500 characters or less):

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

<b>2010CKWX0123</b> <b>Technology</b>	<b>2010CKWXK005</b> <b>CPD</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<b>2010CKWX0123</b> <b>Technology</b>	<b>2010CKWXK005</b> <b>CPD</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<b>2010CKWX0123</b> <b>Technology</b>	<b>2010CKWXK005</b> <b>CPD</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

	Grant Modification Needed	Grant Extension Needed	Sole Source Approval Needed	Community Policing Asst	Grant Withdrawal Needed	Federal Financial Report Question	Consultant Rate Approval Needed	Other
2010CKWX0123 3 Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010CKWXK005 05CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010CKWX0123 (please explain in 1000 characters or less)

2010CKWXK005 (please explain in 1000 characters or less):

2010CKWX0123  
Meth

Yes  No

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

Grant Program

Grant #

CPD

2006XXXXXXXXX

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

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

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

**COPS 3.0 questions**

**COPS Hiring Program**  
**Community Policing Progress Report Questions**  
**(For CHP grants awarded in FY'11 and later)**  
**(Includes Minimum Thresholds for Required Review)**

---

COPS Office grants must be used to reorient the mission and activities of law enforcement agencies toward the community policing philosophy or enhance their involvement in community policing. 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.

Prior to receiving grant funding under the fiscal year (FY) 2011 COPS Hiring Program (CHP), your agency was required to describe in your grant application how hiring additional officers would assist in implementing and/or enhancing community policing strategies. The purpose of the community policing section within this COPS Progress Report is to assess your agency's progress in implementing your community policing plan (CP Plan) and specific community policing activities during the grant reporting period. It is also intended to ensure that your agency satisfies the requirements for COPS funding under this program.

**Instructions:**

In completing your CP Plan under the CHP program(s), your agency identified specific crime or disorder problem(s) and the partners with whom you would engage through your requested COPS funding. Additionally, your agency was asked to provide plans regarding your proposed organizational transformation strategies.

Based on your original CP Plan, this report includes the following required four sections for completion:

- I. Problem Solving\*
- II. Partnerships\*
- III. Community Policing Plan Goals\*
- IV. Organizational Transformation

*\*Sections I, II and III are specific to each problem type previously identified in the CP Plan.*

For questions regarding the community policing implementation section within the progress report, or for guidance on submitting a modified CP Plan under this grant, please contact the COPS Progress Report Team at [800-659-7379](tel:800-659-7379) or see additional instructions at [www.cops.usdoj.gov](http://www.cops.usdoj.gov).

---

## **I. Problem-Solving**



This section requests information about your agency’s progress in identifying, assessing, and addressing the specific problem(s) types identified in your COPS Hiring Program Community Policing plan. It also requests information about community policing activities implemented during the reporting period.

**1) Your agency previously identified <3> problem(s) under your FY 2011 CHP grant which you committed to direct agency resources in a problem-solving effort. For each problem type below, please indicate the current status of your problem-solving efforts within this grant reporting period.**

<b>Previously Identified Problem Type(s)</b>	<b>(a) Plan to address</b>	<b>(b) Currently being addressed</b>	<b>(c) Problem addressed or completed</b>	<b>(d) No longer intend to address this problem</b>
Youth Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft From Vehicles at Shopping Malls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlicensed Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1A) Describe the community policing activities that were implemented during the current reporting period and/or how your COPS-funded positions\* were further integrated into problem-solving activities and partnerships to address <<INSERT PROBLEM>>. [2000 characters or less].**

\*If your agency hired new officers for the COPS-funded positions but deployed experienced locally-funded officers to fulfill the community policing requirements of the COPS grant, please describe the community policing activities of the deployed experienced officers.

**1.B) Describe briefly why the following problem type(s) are no longer a focus of this grant.** Reasons may relate to shifting priorities in your agency/community or other reasons which should be explained below. NOTE: Do not provide details in the response below on new problem types that your agency may have initiated. You will be given the opportunity to describe any new problem types in Question 1.B.2.

<b>Problem Type</b> <Pulled from Question #1 where “d” is the response>	<b>Identify the reasons this problem type is not longer being addressed</b>
Youth Gangs	<ul style="list-style-type: none"> <li><input type="radio"/> Determined no longer a priority for our agency and/or community but will divert grant resources to address other problems</li> <li><input checked="" type="radio"/> Resources provided under this grant do not allow for addressing all problems identified in application.</li> <li><input type="radio"/> Chose not to address the problem due to the following reason(s): Text field &lt;limit to 500 characters&gt;</li> </ul>
<<Problem Type>>	<ul style="list-style-type: none"> <li><input type="radio"/> Determined no longer a priority for our agency and/or community but will divert grant resources to address other problems</li> <li><input checked="" type="radio"/> Resources provided under this grant do not allow for addressing all problems identified in application.</li> <li><input type="radio"/> Chose not to address the problem due to the following reason(s): Text field &lt;limit to 500 characters&gt;</li> </ul>
<i>Continue list as necessary</i>	<< Repeat List for each Problem Type for which (d) was a response in Q 1>>

**1B.1) Did your agency initiate any new problem types during this reporting period?** New initiatives are those not identified in the original grant proposal, not referenced in previous progress reports, and which are supported through funds/personnel provided by this grant.

- Yes       No

**1.B.2 Please define your new crime and disorder problem(s) below.** You may have a maximum of three problems that will be addressed through funding under this grant. Briefly describe the new problems(s) identified.

<b>New Problem Type (Problem Initiative)</b>	<b>Briefly describe the nature of this new problem and why it has become a priority</b>
<<New problem 1>>	Text field <limit to 90 characters> Character Limited to CAP Requirements
Continue list as necessary (up to a combined max. of 3). New lines will appear with the “add” button below.	

**1C) The COPS Hiring Program requires that COPS-funded positions are used to implement and advance community policing. Your agency indicated that it has addressed and/or completed the problem areas identified in your community policing plan. However, your agency is still required to continue community policing throughout the grant period. Upon successful completion of all objectives and tasks proposed in your Community Policing Plan, in what other ways will you use grant funds to promote and advance Community Policing in your agency?**

<b>Previously Indicated</b> <i>(Pulled from Grant App CP Questions or previous Progress Report.)</i>	<b>Currently Examining</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Sharing of relevant crime and disorder information with community members through town hall meetings, public awareness campaigns, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Train citizens in community policing (e.g. community mobilization and problem solving)
<input type="checkbox"/>	<input type="checkbox"/>	Conduct or sponsor surveys of citizens to identify and prioritize neighborhood problems
<input type="checkbox"/>	<input type="checkbox"/>	Regularly meet with community groups and/or local government agencies to address community problems
<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with other agencies that deliver public services (e.g. parks and recreation, social services, public health, mental health, code enforcement, school safety services).
<input type="checkbox"/>	<input type="checkbox"/>	Use COPS funded officers to support organizational change and the implementation of community policing strategies
<input type="checkbox"/>	<input type="checkbox"/>	Engage the community in the development of responses to community problems
<input type="checkbox"/>	<input type="checkbox"/>	Develop tailored responses to crime and disorder problems that address the underlying conditions that contribute to them
<input type="checkbox"/>	<input type="checkbox"/>	Enhance technology equipment to better prevent and/or respond to crime and disorder incidents
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of techniques employed which improve the efficiency and effectiveness of the community policing plan
<input type="checkbox"/>	<input type="checkbox"/>	Other: Please describe other activities you plan to engage in to help promote community policing. <b>(See Text Box Below)</b>

**NOTE:** IT will ensure that questions 2 – 5 are asked for newly added problem. Previously Indicated Column will not be populated as it is the initial population for the newly added problem.

This maps

1.1 = Not Mapped

1.2 = q1

1.3 = q2

1.4 = q4

1.5 = q3

1.6 = q5 in their modification design.

**2) For each problem your agency is currently addressing (or plans to address), please identify the source(s) of information you are currently examining (or plan to examine) in order to better understand the problem?**

The box to the left indicates the information source(s) identified in the original grant or most recent progress report.

<Youth Gangs>

Information Source(s)	<i>Previously Indicated</i> (Pulled from Grant App CP Questions or previous Progress Report.)	(a) Plan to examine	(b) Currently being examined	(c) Completed examining	(d) No longer intend to examine
Routinely collected law enforcement data/information related to the problem (e.g., arrest, incident reports, calls for service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location and/or time aspects of the problem (e.g., mapping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions and environmental factors related to the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The strengths and limitations of current responses to the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-law enforcement data/information related to the problem (e.g., insurance crash data, census data, survey data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing research and best practices related to the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data/information from community partners related to the problem (e.g., resident associations, business groups, non-profit community service organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about offenders contributing to the problem (e.g., offender interviews, arrest records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about victims and/or stakeholders affected by the problem (e.g., crime reports, victim interviews)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengths and weaknesses of previous responses to the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above ( if in CAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Note: Boxes above pre-checked for reference only</i>				

Logic : Per client feedback the following line should appear below each and every question where the “None of the above option presents”

**3) For each problem your agency is currently addressing (or plans to address), has your agency or will your agency address the following source(s) of information in order to assess your agency’s response to the problem?**

The box to the left indicates the source(s) of information indicated in the original grant or most recent progress report.

**<Youth Gangs>**

Information Source(s)	<i>Previously Indicated (Pulled from Grant App CP Questions or previous Progress Report.)</i>	(a) Plan to examine	(b) Currently being examined	(c) Completed examining	(d) No longer intend to examine
Routinely collected law enforcement data/information related to the problem (e.g., arrest, incident reports, calls for service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data/information regarding whether the response was implemented as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police data collected for this specific problem (e.g., problem-specific surveys, field interview contact cards, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-police data/information related to the problem (e.g., insurance crash data, other government agency data, census data, survey data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data/information from the community related to the problem (e.g., resident associations, business groups, non-profit community service organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about offenders contributing to the problem (e.g., offender interviews, arrest records, probation/parole data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about victims and/or stakeholders affected by the problem (e.g., crime reports, victim interviews)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above ( if in CAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Note: Boxes above pre-checked for reference only</i>				

Logic : Per client feedback the following line should appear below each and every question where the “None of the above option presents”

## II. Partnerships

Community Policing relies heavily on partnerships and relationships between law enforcement and the community it serves. This section requests information about your agency’s effort in establishing and/or maintaining partnerships identified in your CP plan.

**4) Your agency previously identified the following external groups/organizations (column 1) with whom you would initiate or enhance a partnership to develop responses to the problem area identified. What progress has your agency made in working with the partners listed below?**

<Youth Gangs>

Partnerships	(a) Partnerships planned	(b) Partnerships active	(c) Partnership established during grant period but no longer active
<<Partnership 1>>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<<Partnership 2>>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<<Partnership 3>>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4a) Have you established any new partnerships during this reporting period?**

Yes       No

**4b) Name the most important external groups/organizations that your agency will initiate or enhance a partnership with to develop responses to this problem. Note: You will be limited to listing no more than three partners per public safety problem.**

**Partner 1** \_\_\_\_\_ (3 fields provided)

**Partner 2** \_\_\_\_\_

**Partner 3** \_\_\_\_\_

**4c) For this partner, please indicate the statement that best characterizes this partner [ASK FOR EACH NEW PARTNER IDENTIFIED]:**

- \_\_\_ 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
- \_\_\_ Federal, state, or local law enforcement agencies (non-tribal) including through multi-jurisdictional/regional partnerships
- \_\_\_ Local educational institutions (schools/colleges/universities)
- \_\_\_ Individual stakeholders (persons residing, working, or with an interest in the community or problem)

### III. Community Policing Plan Goals

This section requests information about the goals previously identified by your agency in response to the public safety issue(s) identified in your CP plan. Although you may have multiple goals, a maximum of three primary goals were allowed in the CP plan. During the grant period, we encourage agencies to create a system that documents your progress towards achieving their identified goals.

**5) Based on the original goals identified for this problem, please indicate what goals were accomplished, as they relate to your response to the problem areas identified and your implementation of community policing within this reporting period.**

*The box to the left indicates the goal(s) identified in the original grant or most recent progress report.*

<Youth Gangs>

Previously Identified Goal(s)	Previously Indicated (Pulled from Grant App CP Questions or previous Progress Report.)	(a) Plan to accomplish/ Currently being accomplished	(b) Goal accomplished	(c) No longer intend to accomplish this goal
Eliminating the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing public trust in your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the seriousness of the incidents or the amount of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of victims and/or repeat victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of offenders and/or repeat offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Moving the problem to another area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting other agencies and/or stakeholders to assume responsibility for the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving the response to the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving citizen perceptions of the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of arrests/citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of calls for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>None of the Above ( IF in CAP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Logic : Per client feedback the following line should appear below each and every question where the “None of the above option presents”

## IV. Organizational Transformation

As one of the three pillars of community policing, organizational change is integral to ensuring that your agency’s management, structure, personnel, and information systems support, and ultimately help sustain and institutionalize community partnerships and proactive problem-solving efforts. These changes focus on the way that departments are organized and managed, and how the infrastructure and operations can be changed to support the philosophical shift behind community policing.

In this section, you will be asked to provide information on your agency’s progress in implementing the organizational change(s) identified in your agency’s CP plan. The information provided in this progress report helps to ensure that your agency satisfies the requirements for COPS funding under this program, and that the use of these funds will initiate or enhance your agency’s capacity to implement community policing strategies.

**6) As identified in your CP plan, what progress has your agency made in implementing internal changes to personnel management? Please select below to indicate the current status of this activity. Agencies may identify up to 2 internal changes to personnel management that will be addressed with grant funds.)**

<b>Internal changes to personnel management:</b>	<i>Previously Indicated (Pulled from Grant App CP Questions or previous Progress Report.)</i>	(a) Plan to implement	(b) Currently implementing	(c) Change successfully implemented	(d) No longer intend to implement this change
Flexibility in officer shift assignments to facilitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment and hiring practices that reflect an orientation towards problem solving and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service training for officers on basic and advanced community policing principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field training officer (FTO) programs that teach and test problem solving, community engagement, and critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further define and clarify community policing roles and expectations for officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel evaluation systems that assess officer activities, accomplishments, and performance related to problem solving and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention systems that help identify officers who may be showing early signs of stress, personal problems, and questionable work conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First-line supervisory skills to support officer problem solving and community engagement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career development and/or promotional processes that reinforce problem solving and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE: None of the above requirement #34</b>	<i>Note: Boxes above pre-checked for</i>				

Logic : Per client feedback the following line should appear below each and every question where the “None of the above option presents”

**7) Based on the information provided in your CP plan, what progress has your agency made in implementing the following internal changes to *agency management*? Please select below to indicate the current status of this activity. Agencies may identify up to 2 internal changes to agency management that will be addressed with grant funds.)**

<b>Internal changes to agency management:</b>	<b>Previously Indicated</b> <i>(Pulled from Grant App CP Questions or previous Progress Report.)</i>	(a) Plan to implement	(b) Currently implementing	(c) Change successfully implemented	(d) No longer intend to implement this change
Agency mission statement, vision, and/or goals that reflect the core values of community policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency strategic plan that outlines the goals and objectives around community policing and other departmental priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational performance measurement systems that include community policing metrics, and conduct annual assessments of agency performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology systems that provide officers, analysts, and the community better and more timely access to data and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediation strategies to resolve citizen complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection, analysis, and use of crime data and information in support of problem solving goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal accreditation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System to capture and track problem solving and partnership efforts and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting an organizational assessment of community policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level and frequency of communication with the community on crime problems and agency activities to enhance transparency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police officer ethical conduct initiative (e.g. procedural justice, values-based policing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE: None of the above requirement #34</b>	<i>Note: Boxes above pre-checked for reference only</i>				

Logic: Per client feedback the following line should appear below each and every question where the “None of the above option presents”

**8) Has your agency utilized any COPS Resources (e.g., On-line materials, Publications, Problem-Solving Guides, COPS-funded Training, etc.) to assist in you with your community policing plan?**

Yes / No

**9) Do you need any technical assistance in implementing your agency’s CP Plan?**

Yes / No

**10) Do you have any best practices or success stories that you would like to share with the COPS Office related to your community policing plan? [2000 characters or less].**

**SAMPLE**

*The town of Weaverville, North Carolina received a \$250,000 COPS Office grant to hire two police officers. These two new police officers were placed on patrol on and around the local high school, where there had been a substantial increase in school violence. As a result of these new officers engaging in community policing activities with the students, parents and surrounding neighborhood, the reported of incidents of school violence have dropped dramatically and the police department will have officers on permanent duty in this area.*

## Community Policing Capacity

### Community Policing

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

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

Grant Program	Grant #	Award Amount
<b>Technology</b>	<b>2010Non-Hiring</b>	<b>\$125,000</b>
	<b>2010Non-Hiring2</b>	<b>\$ 50,000</b>
<b>CHP</b>	<b>2010Hiring</b>	<b>\$130,000</b>
<b>CHRP</b>	<b>2010CHRP</b>	<b>\$130,000</b>

### Increasing Community Policing Capacity: Grant Resources

#### Develop Community/Law Enforcement Partnerships

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

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

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

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

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

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

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

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

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

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

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

### Problem-Solving

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

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

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

PS1-Integrate problem-solving into patrol work.

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

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

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

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

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

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

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

**Organizational Change**

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

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

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

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

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

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

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

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

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

OC4-Institute community policing agency-wide.

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

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

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

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

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

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

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

T2- Analyze and understand problems in the community.

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

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

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

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

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

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

19. Do you have any best practices or success stories that you would like to share with the COPS Office related to your community policing activities?

## Survey Feedback



20. The COPS Office is committed to continuously improving our processes and systems based upon grantee feedback.

Please rate your overall satisfaction with this online Progress Report.

Highly Dissatisfied										Highly Satisfied
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Certification and Contact Information**

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

Title of Person Completing this Report:

First and Last Name of Person Completing this Report:

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

Phone Number of Person Completing this Report:

*<Certification Language>* (similar to DAPR)

Please type your name here in place of your signature:

*<Paperwork Reduction Act Notice>*

*<OMB control number and expiration date>*

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

PAPERWORK REDUCTION ACT NOTICE

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

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