



COPS Application Forms

www.cops.usdoj.gov

COPS 2010 Standard Application Forms

**SAMPLE PDF APPLICATION
DO NOT SUBMIT**



U.S. Department of Justice
Office of Community Oriented Policing Services
Bernard K. Melekian, Director
www.cops.usdoj.gov



SF-424

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on .

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

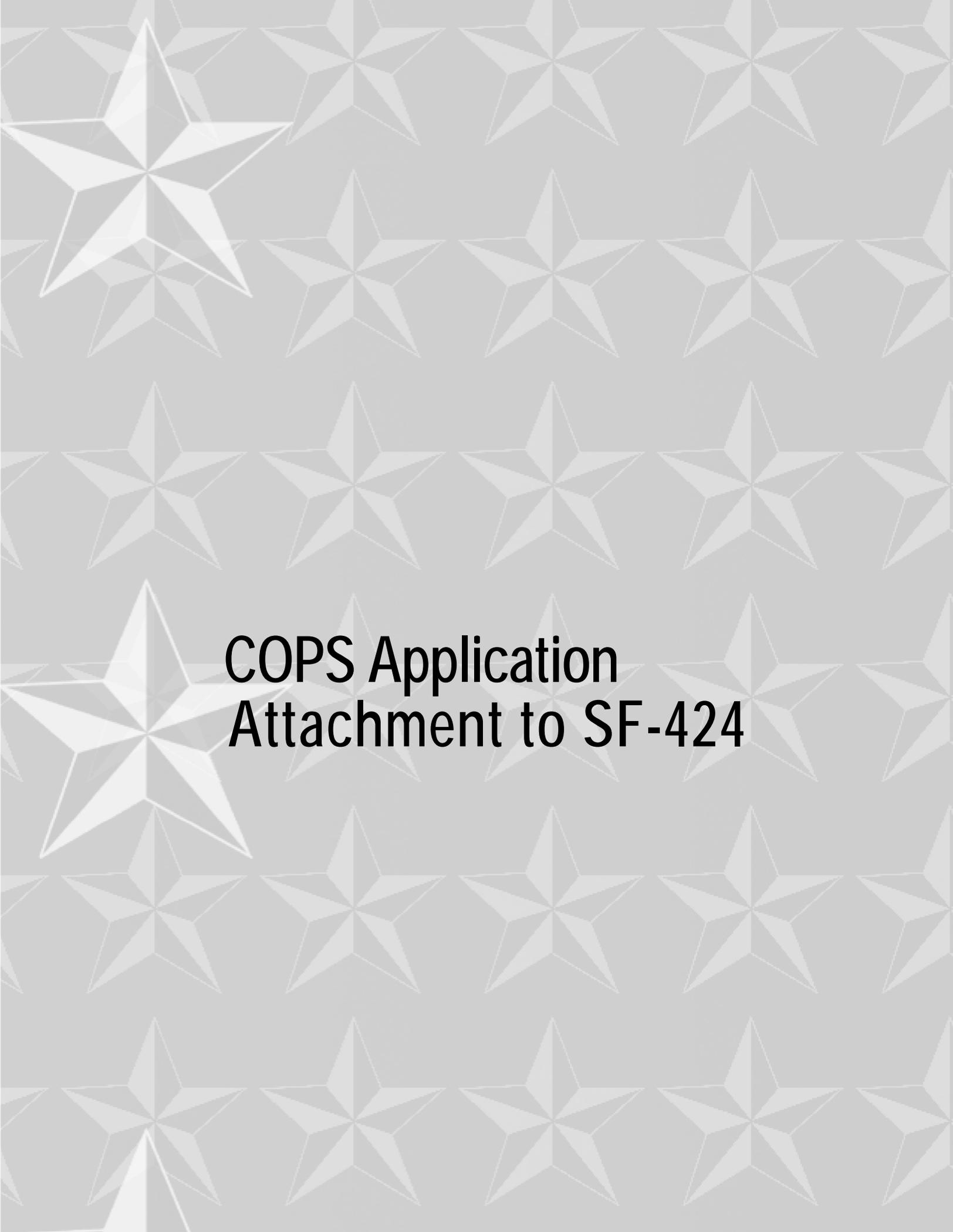
Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments 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 (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government’s financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant’s Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant’s control number if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant’s Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina’s 103 rd district. • If all congressional districts in a state are affected, enter “all” for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

	<p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p>	19.	<p>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p>																								
	<p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p>	20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.</p>																								
	<p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p>	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>																								
	<p>f. Name and contact information of person to be contacted on matters involving this applicat (required), organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>																										
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="134 846 894 1432"> <tr> <td data-bbox="134 846 537 873">A. State Government</td> <td data-bbox="537 846 894 873">M. Nonprofit</td> </tr> <tr> <td data-bbox="134 873 537 900">B. County Government</td> <td data-bbox="537 873 894 900">N. Nonprofit</td> </tr> <tr> <td data-bbox="134 900 537 947">C. City or Township Government</td> <td data-bbox="537 900 894 947">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="134 947 537 974">D. Special District Government</td> <td data-bbox="537 947 894 974">P. Individual</td> </tr> <tr> <td data-bbox="134 974 537 1001">E. Regional Organization</td> <td data-bbox="537 974 894 1041">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="134 1001 537 1029">F. U.S. Territory or Possession</td> <td data-bbox="537 1041 894 1068">R. Small Business</td> </tr> <tr> <td data-bbox="134 1029 537 1117">G. Independent School District</td> <td data-bbox="537 1068 894 1117">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="134 1117 537 1184">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="537 1117 894 1184">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="134 1184 537 1251">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="537 1184 894 1251">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="134 1251 537 1318">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="537 1251 894 1318">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="134 1318 537 1346">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="537 1318 894 1386">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="134 1346 537 1413">L. Public/Indian Housing Authority</td> <td data-bbox="537 1386 894 1413">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit	B. County Government	N. Nonprofit	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		
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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

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

- Child Sexual Predator Program
- Community Policing Development
- COPS Hiring Program
- Meth-Tribal
- Secure Our Schools
- Targeted - Technology Program
- Targeted - Methamphetamine Initiative
- Targeted - Safe Schools Initiative

SECTION 2: AGENCY ELIGIBILITY INFORMATION

A. Type of Agency (select one)

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

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

Law Enforcement Entities

Non-Law Enforcement Entities

Eligibility questions for SOS applicants only:

Application Assurance Question:

Was this 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) to ensure that the improvements to be funded under the grant are –

- (A) consistent with a comprehensive approach to preventing school violence; and
- (B) individualized to the needs of each school at which those improvements are to be made

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))

Is your agency partnering with a school/school district?

Yes No

(Subset 2 School District Police)

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)

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

Yes No

(All SOS Applicants)

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

Note: An agency with primary law enforcement authority is defined as the first responder to calls for service for all types of criminal incidents within the schools targeted.

Yes

No

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

Yes

No

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

Yes

No

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

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. 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) are required to maintain current registrations in the Central Contractor Registration (CCR) database. 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.

Does your agency have an active registration with the Central Contractor Registration database?

Note: Your agency must have an active registration with the CCR. If your agency is not registered, please register now by going to the following web address: <https://www.bpn.gov/ccr/default.aspx>

Yes No

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.

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, Tribal Chairman, 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 5: COPS OFFICER REQUEST

Update to COPS Hiring Recovery Program (CHRP) Application

The COPS Office is now considering your pending CHRP application for funding this fiscal year under the 2010 COPS Hiring Program (CHP). Your agency previously requested grant funding to hire/rehire <<Information auto-filled in Online Application>> full-time officer positions under CHRP. At this time, the COPS Office will allow your agency to request up to <<Information auto-filled in Online Application>> full-time officer positions. Because the COPS office may have reduced the total number of officer positions that your agency may request, we are giving your agency an opportunity to revise its hiring category choices so that it may prioritize its greatest needs.

It is imperative that applicants 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 updated 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 updated 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-off is 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); identify 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.

Certification Regarding Scheduled Lay-Offs:

If 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 (as described above).
- 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.

Instructions:

To continue our application review, your agency must update its officer request and allocate the number of positions it needs under each of the hiring categories shown below. Please complete your responses based on your agency's current (at the time of application update) needs for funding in the three hiring categories (new hires, rehires of previously laid off officers, and rehiring officers who are scheduled to be laid off on a specific future date). CHP grant awards will be made for officer positions requested in each of these three categories and recipients of CHP awards are required to use awarded funds for the specific categories awarded.

If your agency's updated request includes funding for rehires, your agency may request funding to rehire officers already laid off and/or scheduled to be laid off at the time of application update. If your agency's request for officer positions is funded, however, you will have the opportunity after the award announcement to request a grant modification to move the awarded funding into the category or categories that meet your agency's law enforcement needs at that time (including the opportunity to update your information regarding dates of future scheduled lay-offs). Please also 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.

Please note that completing this application update in no way indicates that your agency has been awarded or will be awarded funding under CHP. In addition, if awarded, your agency may not receive its full current officer request.

Example:

Agency A originally requested CHRP funding for a total of 75 officer positions, with 60 positions requested for new, additional full-time officer positions and 15 positions requested to rehire officers already laid off. The agency is required to reduce its total request to 50 full-time officer positions. As a result, the agency has revised its hiring category request to 10 new hires, 25 positions to rehire officers already laid off, and 15 to rehire officers that are scheduled to be laid off on September 30, 2010.

Original Request: <<Information auto-filled in Online Application>> Full-Time Officer Positions Requested
Updated Request: Your updated request cannot exceed <<Information auto-filled in Online Application>> Full-Time Officer Positions Requested
Category A: New, additional officer positions (including to fill existing vacancies no longer funded in your agency's budget).
Category A Original Request: <<Information auto-filled in Online Application>>
Category A Updated Request: <input style="width: 100px;" type="text"/>
Category B: Rehire officers already laid off (at the time of the updated application) as a result of state, local, or tribal budget reductions.
Category B Original Request: <<Information auto-filled in Online Application>>
Category B Updated Request: <input style="width: 100px;" type="text"/>
Category C: Rehire officers scheduled to be laid off (at the time of the updated application) on a specific future date as a result of state, local, or tribal budget reductions.
Category C Original Request: <<Information auto-filled in Online Application>> (total)
Category C Updated Request: <input style="width: 100px;" type="text"/> (total)
Original date of the scheduled lay-off for officers __/__/____ <<Information auto-filled in Online Application>>
Category C Original Request for this date: <<Information auto-filled in Online Application>>
Category C Updated Date of Scheduled Layoffs __/__/____
Category C Updated Request for this date: <input style="width: 100px;" type="text"/>
Original date of the scheduled lay-off for officers __/__/____ <<Information auto-filled in Online Application>>
Category C Original Request for this date: <<Information auto-filled in Online Application>>
Category C Updated Date of Scheduled Layoffs __/__/____
Category C Updated Request for this date: <input style="width: 100px;" type="text"/>
Original date of the scheduled lay-off for officers __/__/____ <<Information auto-filled in Online Application>>
Category C Original Request for this date: <<Information auto-filled in Online Application>>
Category C Updated Date of Scheduled Layoffs __/__/____
Category C Updated Request for this date: <input style="width: 100px;" type="text"/>
Total Updated Applicant Request: <<Information auto-filled in Online Application>>

SECTION 6: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY

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. 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) 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(s) 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
- NO

b) 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
- NO

b) 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
- NO

b) 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
- NO

b) 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

NO

b) 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

NO

b) 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

NO

b) 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. 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.

If your organization receives this grant funding, these responses, along with the previous questions, will be considered as your organization's community policing plan. 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.

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 3,000 characters.]

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

[Responses are limited to a maximum of 3,000 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 3,000 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 7: NEED FOR FEDERAL ASSISTANCE

A. Waivers of the Local Match

Section Not Applicable to 2010 COPS Application Attachment

B. Explanation of Need for Federal Assistance

All applicants are required to address the need for federal assistance. In the space below, please provide a brief explanation of your agency's inability to address its public safety needs and implement this project without federal assistance.

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

C. Fiscal Health

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 (2010) \$

PREVIOUS FISCAL YEAR (2009) \$

PREVIOUS FISCAL YEAR (2008) \$

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 (2010) \$

PREVIOUS FISCAL YEAR (2009) \$

PREVIOUS FISCAL YEAR (2008) \$

3) Since January 1, 2009, what percentages of the following employees in your jurisdiction (city, county, state, tribal, university) have been reduced through lay-offs? *Please note: All figures must be rounded to the nearest whole percent.*

Civilian Law Enforcement Agency Personnel %

Sworn Law Enforcement Agency Personnel %

Other Government Agency Personnel %

4) Since January 1, 2009, 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? *Please note: All figures must be rounded to the nearest whole percent.*

Civilian Law Enforcement Agency Personnel %

Sworn Law Enforcement Agency Personnel %

Other Government Agency Personnel %

5) Since January 1, 2009, 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. Please note: All figures must be rounded to the nearest whole percent.*

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. For jurisdictions with a census population greater than 20,000, please go to the U.S. Census Bureau's American Fact Finder (<http://FactFinder.census.gov>) to determine the percentage of families in poverty in your jurisdiction based on the 2006 - 2008 ACS. For jurisdictions below 20,000 in population, please select the nearest best match for your jurisdiction (for example, the county in which your jurisdiction is located). 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 Fact Finder. *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) to find detailed instructions for looking up your local area's unemployment rate. As with the previous question, 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 2010 %

Not Applicable

8) Indicate your jurisdiction's estimated residential property foreclosure rate for calendar year 2009. This rate should be calculated as the total number of new default and auction foreclosure filings and new bank-owned foreclosures (REOs) in 2009 divided by the total number of residential households. *Please note: All figures must be rounded to the nearest whole percent.*

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 January 1, 2009:
(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.

10) Enter the total jurisdictional (city, county, state, tribal) 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 (2010) \$

PREVIOUS FISCAL YEAR (2009) \$

PREVIOUS FISCAL YEAR (2008) \$

11) Using UCR crime definitions, enter the actual number of incidents reported to your agency in calendar year 2009 for the following crime types. Note that only those incidents for which your agency had primary response authority should be provided.

UCR Data *	
Criminal Homicide	<input type="text"/>
Forcible Rape	<input type="text"/>
Robbery	<input type="text"/>
Aggravated Assault	<input type="text"/>
Burglary	<input type="text"/>
Larceny (except motor vehicle theft)	<input type="text"/>
Motor Vehicle Theft	<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) 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 the CHP grant for a minimum of 12 months at the conclusion of 36 months of federal funding for each position. The retained CHP-funded positions should be added to your agency's 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. 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's 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
- 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
- Other (Please provide a brief description of the source(s) of funding not to exceed 350 characters.)

SECTION 9: SCHOOL INCIDENT DATA

Section 9 Is Not Applicable to the 2010 COPS Application Attachment

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: Child Sexual Predator Program (CSPP) and 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:

Child Sexual Predator Program (CSPP) and 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 >>	
<< Uploaded Attachment 2 Name >>	

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.

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

Other - please explain briefly:

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

Section Not Applicable to 2010 COPS Application Attachment

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.

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

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.

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

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

Event Title and Location	Event Costs	Number of Staff	Per Event Subtotal
<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"/>	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"/>	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"/>	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"/>	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"/>	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="checkbox"/> More Travel/Training Entries Required	Travel/Training Total:		\$ <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.

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
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Contract Subtotal:	\$ <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 or # Hours)	Per Consultant Fee Subtotal
<input type="text"/>	<input type="text"/>	(<input type="text"/> X <input type="text"/>) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	(<input type="text"/> X <input type="text"/>) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$ <input type="text"/>
Consultant Fees Subtotal:			\$ <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
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Per diem \$ <input type="text"/> Lodging \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Per diem \$ <input type="text"/> Lodging \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Consultant Travel Subtotal:			\$ <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
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Consultant Expenses Subtotal:		\$ <input type="text"/>
Contracts/Consultants Total:		\$ <input type="text"/>

(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.

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

H. INDIRECT COSTS

No Indirect Costs Requested

Instructions: Indirect costs are allowed under a very limited number of specialized 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.

Indirect Cost Description	Approved Indirect Cost Rate	Indirect Cost Total
<input type="text"/>	<input type="text"/>	\$ <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 2010 COPS Grants are not required to provide a local match.

	Budget Category	Category Total	Edit
A.	Sworn Officer Positions	\$ <input type="text"/>	
B.	Civilian/Non-Sworn Personnel	\$ <input type="text"/>	
C.	Equipment/Technology	\$ <input type="text"/>	
D.	Supplies	\$ <input type="text"/>	
E.	Travel/Training	\$ <input type="text"/>	
F.	Contracts/Consultants	\$ <input type="text"/>	
G.	Other Costs	\$ <input type="text"/>	
H.	Indirect Costs	\$ <input type="text"/>	
Total Project Amount:		\$ <input type="text"/>	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		\$ <input type="text"/>	<input type="text"/> %
Total Local Share Amount (If applicable): (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 the applicant's authorized representative's signature, 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 current edition of the COPS Grant Monitoring Standards and Guidelines; the applicable COPS Grant Owner's Manuals; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. If applicable, 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's (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

Date

Signature of Government Executive/Financial Official

Date

SECTION 15B: CERTIFICATIONS

Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; 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" 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)-

- A. The applicant certifies that it and its principals:
 - (i) 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;
 - (ii) 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;

- (iii) 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
 - (iv) 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.
- B. 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.
3. 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, 1100 Vermont Ave., NW, 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. Coordination

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.

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.

Typed Name and Title of Law Enforcement Executive/Agency Executive

Date

Signature: _____

Typed Name and Title of Government Executive/Financial Official

Date

Signature: _____

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 follow-up 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 number, 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., "RFPD E-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 entity engaged by the reporting registrant identified in item 4 to influence the covered federal action.

(b) Enter the full name(s) 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.

Public reporting burden for this collection of information is estimated to average 30 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, D.C. 20503

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Not Applicable

1. Type of Federal Action: <input type="radio"/> contract <input type="radio"/> grant <input type="radio"/> cooperative agreement <input type="radio"/> loan <input type="radio"/> loan guarantee <input type="radio"/> loan insurance	2. Status of Federal Action: <input type="radio"/> bid/offer/application <input type="radio"/> initial award <input type="radio"/> post-award	3. Report Type: <input type="radio"/> initial filing <input type="radio"/> material change <i>For Material Change Only:</i> Year: <input type="text"/> Quarter: <input type="text"/> Date of last report: <input type="text"/>
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier <input type="text"/> , if known: <input type="text"/> Congressional District (number), if known: <input type="text"/>	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <input type="text"/> Congressional District (number), if known: <input type="text"/>	
6. Federal Department/Agency: <input type="text"/>	7. Federal Program Name/Description: <input type="text"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> <input type="text"/>	10. b. Individuals Performing Services <i>(including address if different from No.10a)</i> (last name, first name, MI): <input type="text"/>	
11. 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 reported to the Congress semi-annually and 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: <input type="text"/> Print Name: <input type="text"/> Title: <input type="text"/> Telephone No.: <input type="text"/> Date: <input type="text"/>	
Federal Use Only:	Authorized for Local Reproduction, Standard Form - LLL	

SECTION 17: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

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.

The signatures of the Law Enforcement Executive/Agency Executive and Government Executive/Financial Official on the Certification of Review and Representation of Compliance with Requirements:

- 1) Assures the COPS Office that 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; AND
- 2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

The signatures on this application must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatories or responses may not be considered for funding.

Signatures 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.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency 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 COPS Office compliance investigation concerning a current grant award.

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 submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms 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:

Law Enforcement Executive/Agency Executive

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 submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms 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:

Government Executive/Financial Official

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 submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms 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:

COPS ONLINE NOTE: In lieu of original signatures, typing the names of the Person Submitting this Application, the Law Enforcement Executive/Agency Executive, and the Government Executive/Financial Official in the relevant sections of this application will serve as electronic signatures. A signed copy of the Assurances, Certifications, and Certification of Review and Representation of Compliance with Requirements should be kept in the agency's grant files and furnished upon request

By clicking this box, I have read and understand this requirement.

WARNING: Please carefully review all of your information before submitting your application to the COPS Office.

SECTION 18: COPS HIRING PROGRAM (CHP)

Update of COPS Hiring Recovery Program (CHRP) Application Certifications

Part I

I have read, understand and agree to the following:

- I am authorized by the appropriate governing body to act on behalf of the grant applicant entity in submitting this updated application;
- The information my agency provides on this form is an official update to our CHRP application, and supersedes our original application;
- My agency's updated CHRP application will be considered for funding in FY 10 under the COPS Hiring Program (CHP);
- My agency received the Application Update Letter dated May 25, 2010, we thoroughly reviewed and updated our application, and certify that the information is true and accurate;
- My agency's request for CHRP sworn officer positions has been updated for 2010 CHP funding consideration as reflected above;
- If my agency identifies an error(s) in our updated application after the submission deadline of 11:59 pm E.D.T on June 16, 2010, my agency will contact the COPS Office Response Center at 800.421.6770 to unlock our application, make the necessary correction(s), and resubmit the application no later than 11:59 pm E.D.T. on Wednesday, June 30, 2010. No applicant initiated corrections will be accepted after 11:59 pm E.D.T. on Wednesday, June 30, 2010.
- If my agency is requested by the COPS Office to review, confirm and/or update specific data items after submission of this updated application, our failure to respond to the request will eliminate our application from 2010 CHP funding consideration;
- If my agency receives a CHP grant, we are required to use grant funds for the specific hiring category(s) awarded; and
- If after receiving the CHP grant, my agency needs to change the hiring category(s) it received funding under, we will request a post-award grant modification so that the COPS Office may accurately track the numbers of officers funded in each category.

Typed Name of Person Completing this Form

Date Completed

In order for your agency to be considered for CHP grant funding, all application updates must be submitted through the COPS website (www.cops.usdoj.gov) by 11:59 pm E.D.T. on Wednesday, June 16, 2010. For technical assistance with submitting your updates, please call the COPS Office Response Center at 800.421.6770.

If your agency no longer wishes to be considered for funding and wants to withdraw its application from consideration, please call the COPS Office Response Center at 800.421.6770.

Part II

I have read, understand and agree to the following:

- I am authorized by the appropriate governing body to act on behalf of the grant applicant entity in submitting changes to our updated CHRP application which will be considered for 2010 CHP funding;
- My agency received the Application Data Verification Letter, we reviewed, confirmed and/or updated the specific data items identified by the COPS Office, and certify that the information is true and accurate; and
- Signatures 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.

Typed Name of Person Completing this Form

Date Completed

In order for your agency to be considered for CHP grant funding, all application updates must be submitted through the COPS website (www.cops.usdoj.gov) by 11:59 pm E.D.T. on June 16, 2010. For technical assistance with submitting your updates, please call the COPS Office Response Center at 800.421.6770.

If your agency no longer wishes to be considered for funding and wants to withdraw its application from 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 one hour 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, 1100 Vermont Avenue, N.W., 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.



FOR MORE INFORMATION:

U.S. Department of Justice
Office of Community Oriented Policing Services
1100 Vermont Avenue, N.W.
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.

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Revised Date: February 2010

