



COPS

COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

COPS Application Forms

www.cops.usdoj.gov

Standard Application Forms

U.S. Department of Justice
Office of Community Oriented Policing Services
Carl R. Peed, Director

www.cops.usdoj.gov



Standard Application Forms

The COPS Standard Application Forms are designed to assist applicants in applying for COPS grants and cooperative agreements.

For more information about COPS programs, call the COPS Office Response Center at 800.421.6770.



U.S. Department of Justice
Office of Community Oriented Policing Services
1100 Vermont Avenue, N.W.
Washington, DC 20530

www.cops.usdoj.gov

Revised: March 2008. Previous versions of COPS Applications are no longer valid.

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SF-424

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
---	--

* 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

Version 02

9. Type of Applicant 1:

Type of Applicant 2:

Type of Applicant 3:

* 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.

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.

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 on the next page.)**

- 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:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: _____

Middle Name: _____

* Last Name: _____

Suffix: _____

* Title: _____

* Telephone Number: _____ Fax Number: _____

* Email: _____

* Signature of Authorized Representative: _____ * Date Signed: _____

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

[Empty text box for Applicant Federal Debt Delinquency Explanation]

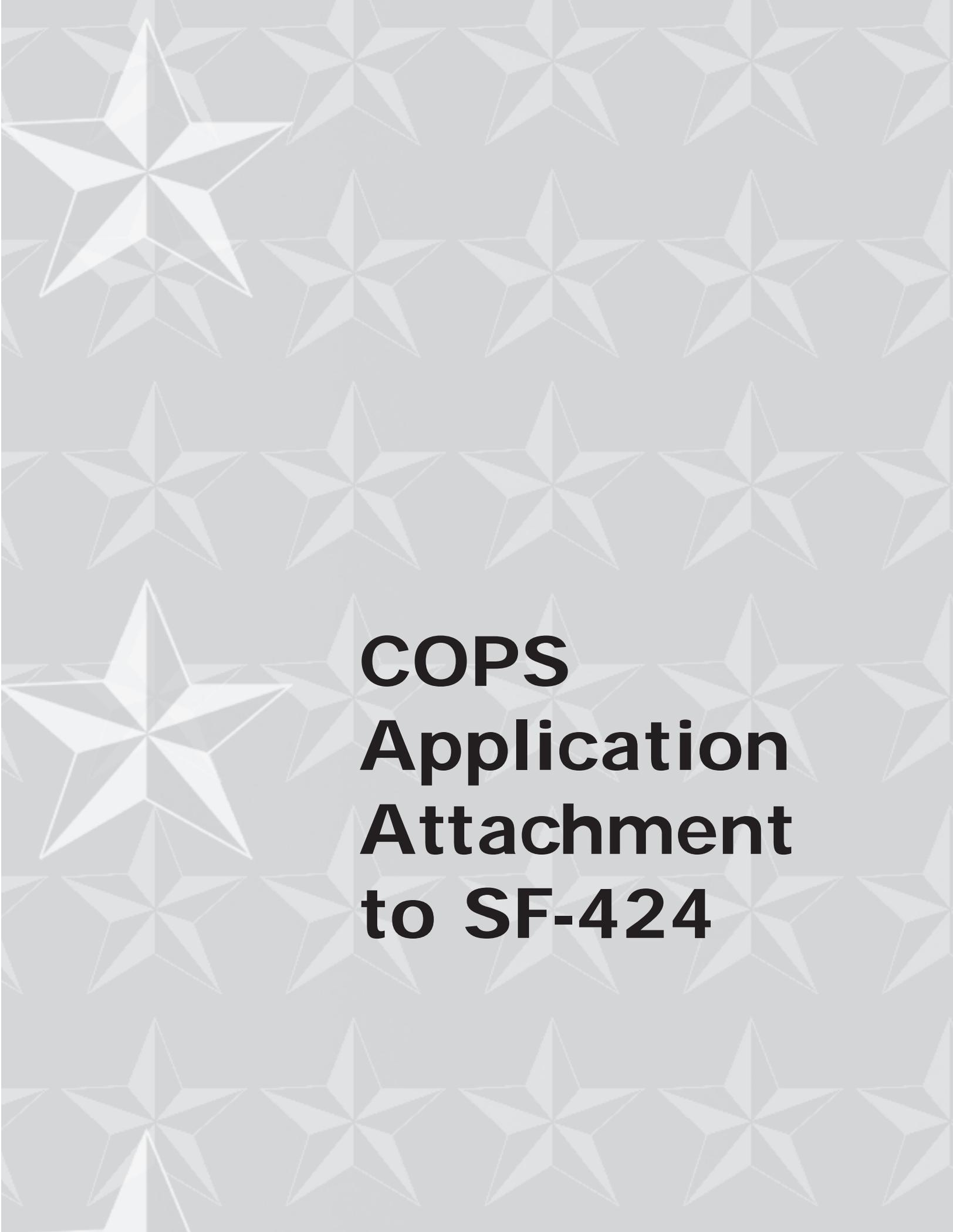
Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments 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.	<p>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <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. 		<p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other 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>																								
2.	<p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <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) 	9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	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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L. Public/Indian Housing Authority	X. Other (specify)																										
3.	Data Received: Leave this field blank. This date will be assigned by the Federal agency.																										
4.	Application Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.																										
5a.	Federal Award Identifier: Enter the number assigned to your organization by the Federal Agency, if an.																										
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.	Data Received by State: Leave this field blank. This date will be assigned by the State, if applicable.																										
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.																										
8.	<p>Applicant Information: Enter the following in accordance with agency instructions:</p> <p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p> <p>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.</p> <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> <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> <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>	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.																								
		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.																								

Item	Entry:	Item	Entry:
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.	19.	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.
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 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. <ul style="list-style-type: none"> • 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. 	20.	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.
17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.	21.	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.)
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.		

The background of the page is a repeating pattern of five-pointed stars. The stars are rendered in a light gray color with a subtle 3D effect, giving them a faceted appearance. They 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. **Please DO NOT use this form to apply for multiple programs at one time. 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.

CHECK ONE PROGRAM OPTION ONLY

- Child Sexual Predator Program
- Community Policing Development
- Secure Our Schools
- Targeted - Methamphetamine Initiative
- Targeted - Technology Program
- Tribal Resources Grant Program
- Universal Hiring Program

SECTION 2: 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. Applicant ORI Number: _ _ _ _ _

The ORI number is assigned by the FBI and is your agency's unique identifier. The first two letters are your state abbreviation, the next three numbers are your county's code, and the final 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.

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

B. Law Enforcement Executive/Program Official 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 program official's name and contact information. If the grant is awarded, this position would be responsible for the programmatic implementation of the award. If your agency is a "start-up" this section can remain blank.

Title: _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Agency Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Type of Agency:

- Municipal State County Police Department Sheriff Tribal Transit* School*
- Consortium* University/College* (Public or Private) Public Housing*
- New Start-Up* (please specify): _____ Non-profit Organization Profit Organization
- Other* (please specify): _____

*Agency types that have an asterisk next to them and that are applying for COPS hiring grants must provide additional information. Please refer to the COPS Application Guide: "Agency Supplemental Information" section for the questions that you will need to address. Please attach this information to your application.

C. 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 financial official's name and contact information. If the grant is awarded, this position would be responsible for the financial management of the award. Please note that information for non-executive positions (e.g., clerk, trustees, etc.) are not acceptable.

Title: _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Agency Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Type of Government Entity:
 State City Town County Village Borough Township Territory
 Region Council Community Pueblo Tribal Nation School District
 Not applicable. Please check here if applying as a non-government agency (e.g., non-profit agency).

SECTION 3: GENERAL AGENCY INFORMATION

A. General Applicant Information

1. **Cognizant Federal Agency:** _____
 Enter 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.
2. **Fiscal Year:** __/__/____ to __/__/____ (mo/day/yr)
 Enter the legal applicant's fiscal year.
3. **Population served as of the 2000 U.S. Census:** _____
4. **If the population served is not represented by U.S. Census figures (e.g., colleges, special agencies, school police departments, MSAs, etc.), please indicate the size of the population served:** _____

B. Law Enforcement Agency Information

1. Is your agency contracting for law enforcement services?

Contractual arrangements for law enforcement services are not fundable under the Universal Hiring Program.

Yes No

*If "yes," the Legal Name and address information listed on the SF-424 under section 8 (Applicant Information) should be for the jurisdiction that will be contracting to receive law enforcement services, and NOT the law enforcement agency that will actually provide those services. Also, be sure to enter the name and agency information of the contract law enforcement department under section 2, part B (law enforcement executive information) of this document. In all contracting arrangements, the jurisdiction that is applying for assistance is ultimately responsible for ensuring compliance with all grant requirements. **For additional clarification on contracting guidelines, please see the program-specific section of the COPS Application Guide.***

If you are a tribal law enforcement agency, instead of providing your own law enforcement services, does your tribe exclusively contract with a non-BIA local law enforcement agency for services?

Yes No

If "yes," please refer to the program-specific section of the COPS Application Guide for additional eligibility information.

2. Population Served By Law Enforcement Agency

Do officers have primary law enforcement authority for the population to be served?

Yes No

An agency with primary law enforcement authority is defined as the first responder to calls for service, and has ultimate and final responsibility for the prevention, detection, and/or investigation of crime within its jurisdiction.

If "yes," what is the actual population for which your department has primary law enforcement authority? [In other words, the 2000 Census population minus the incorporated towns and cities that have their own police departments.] _____

If "no," please explain. Include the date by which your agency anticipates having primary law enforcement authority for this population. [Please limit your response to a maximum of 250 words.]

3. Current Budgeted Sworn Force Strength as of the Date of This Application:

Full-time: _____

Part-time: _____

Enter the budgeted sworn force strength. The budgeted sworn force strength is the number of sworn officer positions your department has allocated within its budget, including state, Bureau of Indian Affairs, and locally-funded vacancies. Do not include unpaid/reserve officers, or detention staff.

4. Current Actual Sworn Force Strength as of the Date of This Application:

Full-time: _____

Part-time: _____

Enter the actual sworn force strength. The actual sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant positions or unpaid/reserve positions.

SECTION 4: 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 web site (www.cops.usdoj.gov) for further information regarding these sub-elements.

Community Partnerships:

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

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

Organizational Transformation:

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

Agency Management

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

Organizational Structure

- Geographic assignment of officers
- Despecialization
- Resources and finances

Personnel

- Recruitment, hiring and selection
- Personnel supervision/evaluations
- Training

Information Systems (Technology)

- Communication/access to data
- Quality and accuracy of data

Problem Solving:

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

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

COMMUNITY POLICING PLAN

COPS grants must be used to initiate or enhance community policing. Please complete the following questions to describe the types of community policing activities that will be initiated or enhanced as a result of COPS funding. You may find more detailed information about community policing at the COPS Office web site (www.cops.usdoj.gov).

Community Partnerships

The COPS Office is interested in determining if your organization will use the grant to assist in increasing the capacity to develop collaborative partnerships with individual and organizational stakeholders in communities to increase trust and to develop shared solutions to community problems.

If awarded funding, my organization will implement or enhance:

P1-Sharing of relevant crime and disorder information with community members.

Yes No Not Sure

P2-Seeking input from the community to identify and prioritize neighborhood problems.

Yes No Not Sure

P3-Engagement with the community in the development of responses to community problems.

Yes No Not Sure

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

Yes No Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance community partnerships if awarded grant funding (150 word maximum):

Problem Solving

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

If awarded funding, my organization will implement or enhance:

PS1-Integration of problem solving into patrol work.

Yes No Not Sure

PS2-Identification and prioritization of crime and disorder problems by examining patterns and trends involving repeat victims, offenders, and locations.

Yes No Not Sure

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

Yes No Not Sure

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

Yes No Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance problem-solving activities if awarded grant funding (150 word maximum):

Organizational Transformation

The COPS Office is interested in determining if your organization will use the grant to assist in increasing the capacity to transform organizational environment, organizational structure, personnel, practices, and policies to support the community policing philosophy and community policing activities.

If awarded funding, my organization will implement or enhance:

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

Yes No Not Sure

OC2-Incorporation of community policing principles into the agency's mission/vision statement and strategic plan.

Yes No Not Sure

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

Yes No Not Sure

OC4-Institutionalization of community policing agency-wide.

Yes No Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance organizational alignment towards community policing if awarded grant funding (150 word maximum):

Technology

The COPS Office is interested in determining if your organization will use the grant to assist in increasing technological capacity to better prevent and/or respond to crime and disorder incidents.

If awarded funding, my organization will implement or enhance:

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

Yes No Not Sure

T2-Analysis and understanding of problems in the community.

Yes No Not Sure

T3-Improvements to the agency's overall efficiency and effectiveness.

Yes No Not Sure

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

Yes No Not Sure

Please provide specific examples of the types of activities you plan to engage in to enhance alignment of technology towards community policing if awarded grant funding (150 word maximum):

If your organization receives this COPS grant funding, it should use your responses to these questions as your organization's community policing plan. Your organization may be audited or monitored to ensure that it is initiating or enhancing community policing in accordance with this plan.

We understand that your community policing needs may change during the life of your COPS grant (if awarded), and we welcome minor changes to this plan without prior approval. 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.

SECTION 5: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS

Retention for COPS Hiring Grants

This section is applicable to COPS applicants applying for sworn officer positions under the FY2008 Universal Hiring Program.

Check here if not applying under the Universal Hiring Program.

Hiring grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position. The additional officer positions should be added to your agency's law enforcement budget with state, local, or tribal funds for at least one full local budget cycle, over and above all other locally-funded officer positions (including other school resource officers) that would have existed regardless of the grant, from the time that the thirty-six (36) months of grant funding for each COPS position expires. Absorbing COPS-funded officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement. Please be aware that if your agency has additional sworn officer hiring grants that are active when one hiring grant expires, the officer positions that were awarded under the expired grant are added to your baseline of locally-funded officer positions and must be maintained throughout the implementation of all additional hiring grants.

Use the space below to explain how your agency currently plans to retain any additional officer positions awarded. Please be as specific as possible about the source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. A missing or incomplete response could affect your ability to receive funding. [Please limit your response to a maximum of 250 words.]

SECTION 6: NEED FOR FEDERAL ASSISTANCE

All applicants are required to provide a brief explanation of their agency's public safety needs and an explanation of their agency's inability to implement this project and/or address these public safety needs without federal assistance.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance. [Please limit your response to a maximum of 250 words.]

SECTION 7: WAIVERS OF THE LOCAL MATCH

Please refer to the Application Guide for information on whether waivers of the local match are available under the grant program for which you are applying.

Check here if not applicable

Are you requesting a waiver of the local match based upon severe fiscal distress?

Yes No

If requesting a waiver, you will be required to attach a detailed waiver justification to your application. Please refer to the COPS Application Guide - "Waiver of the Local Match" section for information on what to include in your justification, as well as the program-specific portion of the Guide to review the local match requirements.

SECTION 8: EXECUTIVE SUMMARY

This section is applicable to COPS applicants applying under the Child Sexual Predator Program, Community Policing Development Program, Methamphetamine Initiative, Secure Our Schools, and the Technology Program.

Check here if not applicable

Please attach to your application a brief summary of how your agency will use this federal funding. Be sure to include a description of how you expect this grant to impact public safety and/or crime prevention in your community. Please refer to the COPS Application Guide for clarification on specific information to include in your summary. 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. [Please limit your response to a maximum of 400 words.]

SECTION 9: PROJECT DESCRIPTION (NARRATIVE)

This section is applicable to all agencies applying for COPS programs in FY2008.

Please attach to your application an in-depth narrative response detailing your proposed project. Please refer to the program-specific section of the COPS Application Guide: "How to Apply" section for information on what should be included in your response, as well as any additional formatting requirements and page length limitations.

SECTION 10: BUDGET NARRATIVE

This section is applicable to COPS applicants applying under the Child Sexual Predator Program, Community Policing Development Program, Methamphetamine Initiative, Secure Our Schools, Technology Program, and the Tribal Resources Grant Program.

Check here if not applicable

In the Budget Narrative, you must attach a brief description of each item proposed for purchase, its purpose, and how the items relate to the overall project. Like items may be grouped together for ease of reporting. The structure of the Budget Narrative must mirror the structure of the Budget Detail Worksheet included in this application. In other words, each item reported in the Budget Narrative must fall under one of the following budget categories: Sworn Officer Positions, Civilian/Non-Sworn Personnel, Equipment/Technology, Other Costs, Supplies, Travel/Training, Contracts/Consultants, and Indirect Costs. For your information, a sample Budget Narrative and a sample Budget Detail Worksheet are included in the COPS Application Guide. Every item included on the Budget Detail Worksheet must be included in the Budget Narrative.

Note that allowable/unallowable costs will vary widely between different COPS grant programs and cooperative agreements. Please ensure that you refer to the program-specific portion of the COPS Application Guide - "Federal Funding: Allowable & Unallowable Costs" section for a complete list of the allowable and unallowable costs associated with the particular program for which you are applying. Including unallowable items on your application may delay the processing of your application and could ultimately result in the denial of your request.

SECTION 11: MEMORANDUM OF UNDERSTANDING

This section is applicable to COPS applicants applying under the Child Sexual Predator Program.

Check here if not applicable

Please attach a Memorandum of Understanding (MOU) to your application that defines the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific portion of the Guide for a complete description of information pertaining to the required MOU.

SECTION 12: OFFICIAL PARTNER(S) CONTACT INFORMATION

Check here if not applicable

An official "partner" under the grant may be a governmental or private 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 refer to the Application Guide for a complete description of partnership requirements under the grant program for which you are applying.**

Please attach additional partner information pages to your application, if necessary.

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

SECTION 13: INCIDENT DATA

Incident data is required for the Secure Our Schools grant program. The data reported should cover the time period of September 1, 2006 to August 31, 2007, and should only include incidents that took place in and around the partnering schools. Please refer to the program guide for specific information and instructions regarding the data required for this submission.

Check here if not applicable.

Type of Incident	# of Incidents Reported
Homicide	
Sexual Offenses	
Aggravated/Major Assaults—for example, an attack with hands, fist, feet, or weapons on an individual.	
Simple/Minor Assaults—stalking, intimidation/bullying/coercion, etc.	
Thefts (Includes Reports of Stolen Property)	
Possession/Sale of Illegal Weapons	
Vandalism/Destruction of Property	
Alcohol-Related Offenses	
Possession, Use or Sale of Drugs	
Disorderly Conduct	

School Data	Totals
Truancy	
Detentions	
Suspensions	
Expulsions	
Threats to School Property	
# of Schools Involved in Project	
Total Student Population for Involved Schools	

SECTION 14: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

Certification of Review of 28 C.F.R. Part 23/Criminal Intelligence Systems

You must answer this question regardless of the type of COPS grant for which you are applying. 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/Program Official and Government Executive/Financial Official, and any applicable program partners 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 the reverse side of this page 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 signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date 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.

By signing on the reverse side of this page, 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. 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.

Law Enforcement Executive/Program Official's Signature:

_____ Date: _____
(Signature of person named in Section 2 of this form)

Government Executive/Financial Official's Signature:

_____ Date: _____
(Signature of person named in Section 2 of this form)

Official Partner(s) Signature:

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

SECTION 15: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need 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 31.2) (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 Owners 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. § 3789(d)); 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 and G) 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 of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
- B. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEO") or EEO short form (if grantee is required to submit an EEO under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEO Certification. (Grantees of less than \$25,000 are not subject to the EEO requirement.)
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 one full local budget cycle 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.

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 (or Official with Programmatic Authority, as applicable)

Date

Signature of Government Executive (or Official with Financial Authority, as applicable)

Date

SECTION 16: 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," 28 CFR Part 67, "Government-Wide Debarment and Suspension (Nonprocurement)," 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;

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, Section 2867.437 -

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; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. 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, as defined at 28 CFR Part 83, Sections 83 and 83.510 -

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).

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.

4. 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 (or Official with Programmatic Authority, as applicable):

Signature: _____ Date: _____

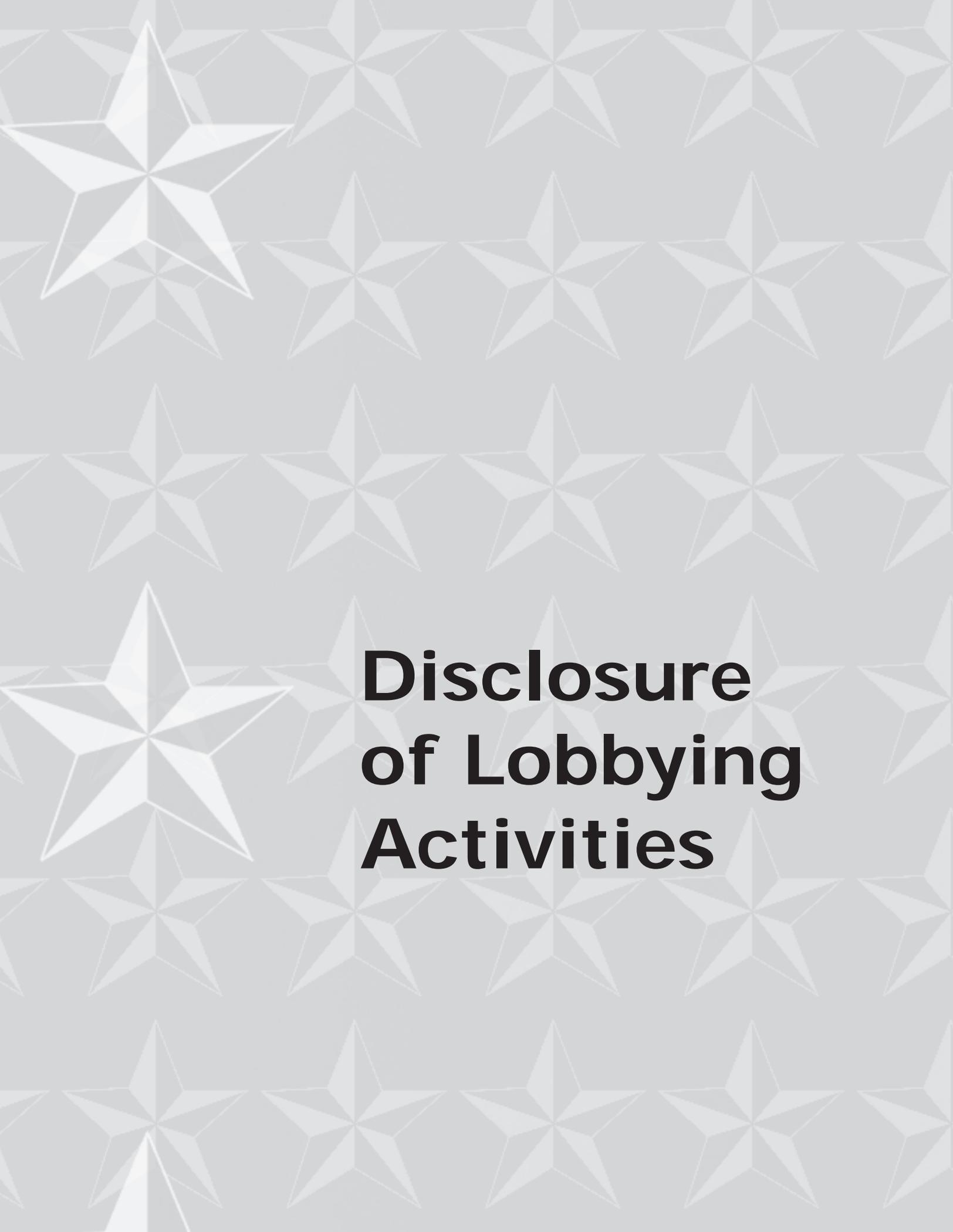
Typed Name and Title of Government Executive (or Official with Financial Authority, as applicable): _____

Signature: _____ Date: _____

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 10 average hours per response, depending upon the COPS program being applied for, including time for searching existing data sources, gathering the data needed, and completing and reviewing the application. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 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 06/30/2008.



Disclosure of Lobbying Activities

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.

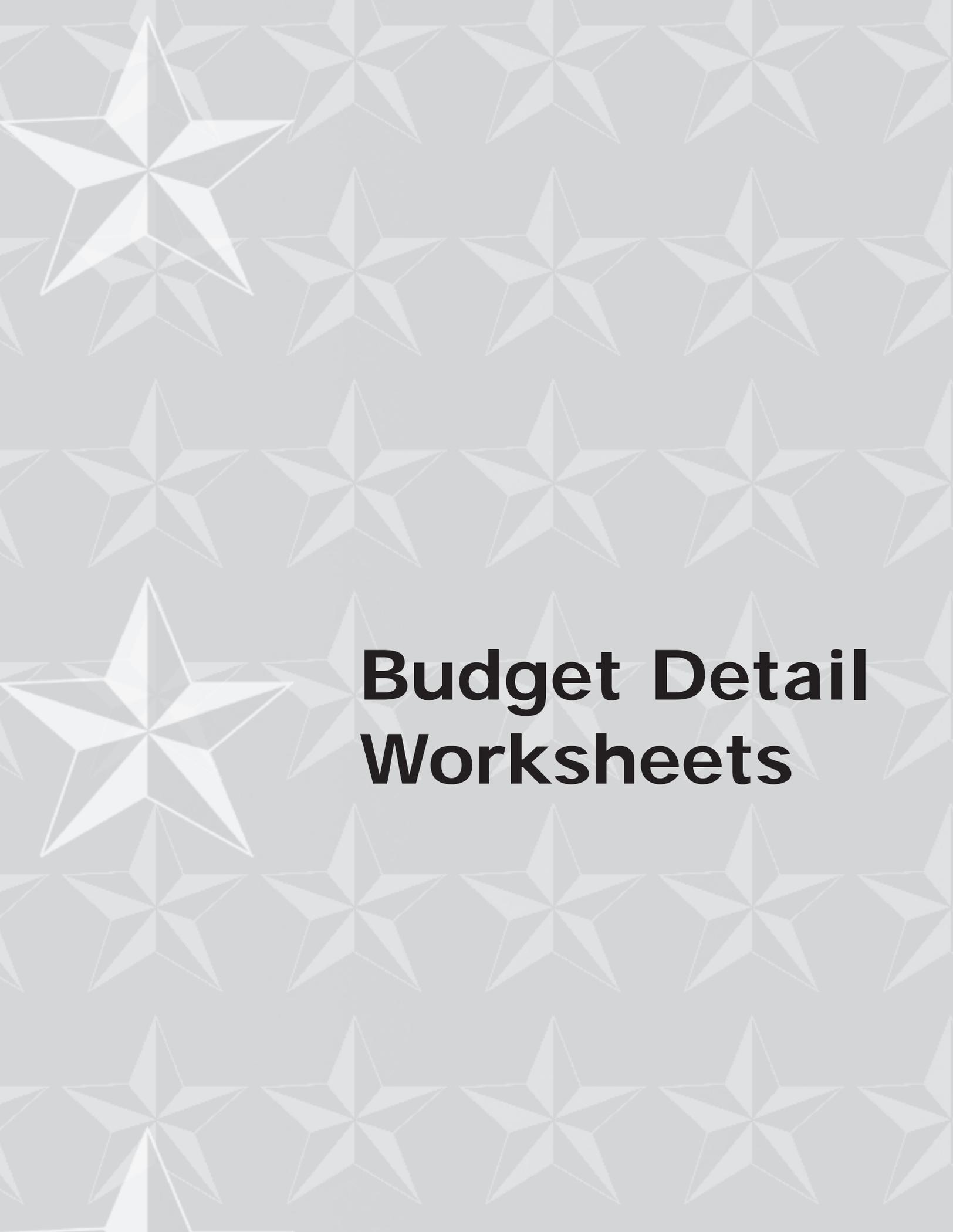
(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

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.

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



Budget Detail Worksheets

Budget Detail Worksheets

Instructions for Completing the Budget Detail Worksheets

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

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, please refer to the COPS Application Guide. To assist you, sample Budget Detail Worksheets and a Budget Narrative (if applicable) for each COPS program are included in the Application Guide.

Please complete each required page of the Budget Detail Worksheets (see the Application Guide for each program's requirements) and the Budget Summary. If you did not request anything under a particular budget category, please check the appropriate box indicating that no positions or items were requested. When you complete the Budget Detail Worksheets, transfer the total for each of the budget categories to the applicable category total field on the Budget Summary.

All calculations should be rounded to the nearest whole dollar. *In addition, the Budget Summary should be completed with the federal/local share (if applicable) calculations regardless of whether the applicant is requesting a waiver of the local match.*

Failure to complete all of the required Budget Detail Worksheet pages and the Budget Summary, and/or including unallowable items in your funding request, may delay the processing of your application, and could ultimately result in the denial of your application.

If you need assistance in completing this form, you may call the COPS Office Response Center at 800.421.6770.

Applicant Legal Name: _____

ORI #: _____

A. SWORN OFFICER POSITIONS No Sworn Officer Positions Requested

Instructions: For COPS programs which fund sworn officer positions, you may apply for entry-level salaries and benefits of newly-hired, additional sworn law enforcement officers. Please refer to the Application Guide for information on the length of the grant term for the specific program under which you are applying.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (e.g., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions. Part-time officer positions will not be funded.

Officer Positions Requested:

Full-time Officer Positions Requested: _____

Enter the number of new, entry-level full-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

A. SWORN OFFICER POSITIONS

Part 1: Full-Time Sworn Officer Information

A. Total Entry-Level Base Salary for One Position \$ _____ .00 x _____ Years = \$ _____ .00

Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.

B. FRINGE BENEFITS: **COST:** **% OF BASE:** **ADDITIONAL INFORMATION:**

Social Security \$ _____ .00 _____ % **Exempt:** **Fixed Rate:**
Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Sworn Officer Position Budget Summary" on page 45.

Medicare \$ _____ .00 _____ % **Exempt:** **Fixed Rate:**
Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.

Health Insurance \$ _____ .00 _____ % **Family Plan:** **Fixed Rate:**
Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.

Life Insurance \$ _____ .00 _____ %

Vacation \$ _____ .00 _____ % **Number of Hours Annually:** _____

Sick Leave \$ _____ .00 _____ % **Number of Hours Annually:** _____

Retirement \$ _____ .00 _____ % **Fixed Rate:**
Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.

Worker's Compensation \$ _____ .00 _____ % **Exempt:** **Fixed Rate:**
Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.

Unemployment Insurance \$ _____ .00 _____ % **Exempt:** **Fixed Rate:**
Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Sworn Officer Position Budget Summary" on page 45.

Other _____ \$ _____ .00 _____ % **Describe:** _____

Other _____ \$ _____ .00 _____ % **Describe:** _____

Other _____ \$ _____ .00 _____ % **Describe:** _____

Total Benefits (1 Position) = \$ _____

C. Total Salary \$ _____ + **Total Benefits** \$ _____ x _____ **# of Positions** = \$ _____
 Part A (One Position) **Part B** (One Position) *Transfer to Budget Summary Line 1*

Part 2: Sworn Officer Position Budget Summary (all applicants requesting officer positions must complete this section)

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. 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: _____

**2. If an explanation is required for any of the following categories, please provide in the space below:
1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Worker's Compensation, and
6) Unemployment Insurance**

1) Social Security: _____

2) Medicare: _____

3) Health Insurance: _____

4) Retirement: _____

5) Worker's Compensation: _____

6) Unemployment Insurance: _____

B. CIVILIAN/NON-SWORN PERSONNEL No Civilian/Non-Sworn Personnel Positions Requested

Instructions: Each position must be listed and computed separately. If additional space is necessary, please make copies of this table and attach them to your application.

Part 1: Total Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel

A. POSITION TITLE: _____

Base Salary Computation: (\$ _____ X _____) X _____ = \$ _____ .00 (**Base Salary Subtotal**)

(Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project

Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.

B. FRINGE BENEFITS: **COST:** **% OF BASE:** **ADDITIONAL INFORMATION:**

Social Security \$ _____ .00 _____ % Exempt: Fixed Rate:
 Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Medicare \$ _____ .00 _____ % Exempt: Fixed Rate:
 Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Health Insurance \$ _____ .00 _____ % Family Plan: Fixed Rate:
 Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Life Insurance \$ _____ .00 _____ %

Vacation \$ _____ .00 _____ % Number of Hours Annually: _____

Sick Leave \$ _____ .00 _____ % Number of Hours Annually: _____

Retirement \$ _____ .00 _____ % Fixed Rate:
 Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Worker's Compensation \$ _____ .00 _____ % Exempt: Fixed Rate:
 Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Unemployment Insurance \$ _____ .00 _____ % Exempt: Fixed Rate:
 Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 50.

Other _____ \$ _____ .00 _____ % Describe: _____

Other _____ \$ _____ .00 _____ % Describe: _____

Other _____ \$ _____ .00 _____ % Describe: _____

Benefits Subtotal (1 Position): \$ _____

C. Total Salary \$ _____ + **Total Benefits** \$ _____ = \$ _____

Part A (One Position) **Part B** (One Position) Please be sure to complete Part D on page 49.

Total Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel			
A. POSITION TITLE: _____			
Base Salary Computation: (\$ _____ X _____) X _____ = \$ _____ .00 (Base Salary Subtotal) (Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project			
Fringe Benefit Costs Should Be Calculated Based on the Full Grant Term Shown in Section A.			
B. FRINGE BENEFITS:	COST:	% OF BASE:	ADDITIONAL INFORMATION:
Social Security	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 6.2% of Total Base Salary. If less than 6.2%, exempt, or fixed rate, provide an explanation in "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Medicare	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 1.45% of Total Base Salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Health Insurance	\$ _____ .00	_____ %	Family Plan: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 30% of the Total Base Salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 20% of the Total Base Salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Worker's Compensation	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 10% of the Total Base Salary. If exempt or if it exceeds this rate, provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Unemployment Insurance	\$ _____ .00	_____ %	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>
<i>Cannot exceed 5% of the Total Base Salary. If exempt or if it exceeds this rate, please provide an explanation in the "Civilian/Non-Sworn Personnel Budget Summary" on page 51.</i>			
Other _____	\$ _____ .00	_____ %	Describe: _____
Other _____	\$ _____ .00	_____ %	Describe: _____
Other _____	\$ _____ .00	_____ %	Describe: _____
Benefits Subtotal (1 Position): \$ _____			
C. Total Salary \$ _____ + Total Benefits \$ _____ = \$ _____			
Part A	(One Position)	Part B	(One Position) Please be sure to complete Part D.

D. Civilian/Non-Sworn Personnel Total: \$ _____
<i>Add together all Subtotals per position. Transfer Total Civilian/Non-Sworn Personnel Cost to Budget Summary Line 2.</i>

Please include a detailed position description for all positions listed in the Budget Narrative.

Part 2: Civilian/Non-Sworn Personnel Budget Summary (all applicants requesting civilian/non-sworn positions must complete this section)

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. 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:

**2. If an explanation is required for any of the following categories, please provide in the space below:
1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Worker's Compensation, and
6) Unemployment Insurance**

1) Social Security: _____

2) Medicare: _____

3) Health Insurance: _____

4) Retirement: _____

5) Worker's Compensation: _____

6) Unemployment Insurance: _____

C. EQUIPMENT/TECHNOLOGY

No Equipment/Technology Requested

Instructions: List non-expendable items that are to be purchased. 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.

Pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-161), 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 COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	(X)	\$
Equipment/Technology Total:		\$ _____ Transfer to Budget Summary Line 3

Please include a detailed description for all items listed in the Budget Narrative

D. OTHER COSTS

No Other Costs Requested

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions and/or civilian positions if allowable under the program for which you are applying.

Pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-161), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	(X)	\$
Other Cost Total:		\$ _____ Transfer to Budget Summary Line 4

Please include a detailed description for all items listed in the Budget Narrative

E. SUPPLIES

No Supplies Requested

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	(X)	\$
Supplies Total:		\$ _____ Transfer to Budget Summary Line 5

Please include a detailed description for all items listed in the Budget Narrative

F. TRAVEL/TRAINING

No Travel/Training Requested

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs").

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/Training & Location of Travel/Training	Travel/Training Item	Computation (# of Staff X Unit Cost X # of Days/Trips/Events)	Per Item Subtotal
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
		(____ X _____ X ____)	\$
Travel/Training Total:			\$ _____ Transfer to Budget Summary Line 6

Please include a detailed description and justification for travel listed in the Budget Narrative

G. CONTRACTS/CONSULTANTS **No Contracts/Consultants Costs Requested**

Instructions: See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. 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.

Contract Description	Per Contract Subtotal
	\$
	\$
	\$
	\$
Contracts Subtotal:	\$ (G1)

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 in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation (Cost X # Days or # Hours)	Per Consultant Fee Subtotal
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
Consultant Fees Subtotal:			\$ (G2)

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation (Cost X # Days)	Per Consultant Expenses Subtotal
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
Consultant Expenses Subtotal:			\$ (G3)

Contracts/Consultants Total:	\$ _____
Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)	Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative

H. INDIRECT COSTS

No Indirect Costs Requested

Instructions: Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for 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	Computation	Per Indirect Cost Subtotal
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Indirect Costs Total:		\$ _____ Transfer to Budget Summary Line 8

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ . 00	1
B.	Civilian/Non-Sworn Personnel	\$ _____ . 00	2
C.	Equipment/Technology	\$ _____ . 00	3
D.	Other Costs	\$ _____ . 00	4
E.	Supplies	\$ _____ . 00	5
F.	Travel/Training	\$ _____ . 00	6
G.	Contracts/Consultants	\$ _____ . 00	7
H.	Indirect Costs	\$ _____ . 00	8
Total Project Amount:		\$ _____ . 00	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		\$ _____ . 00	
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)		\$ _____ . 00	

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: _____

Paperwork Reduction Act Notice

The public reporting burden for this collection of information is estimated to be up to two 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 1103-0097 and the expiration date is 06/30/2008.



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 Response Center at 800.421.6770

Visit COPS Online at the address listed below.

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www.cops.usdoj.gov