



COPS Office Progress Report

June 2024

The performance measure questions presented here are preliminary and may be subject to revision. This document is to be used only for planning and data collection purposes.
All grantees must enter their data in the JustGrants system upon award acceptance.

COPS Anti-Methamphetamine Program (CAMP)

Award Number (e.g., 2017UMWX0021)

Is this a FINAL report?

- Yes – this award is being closed out. **[After completing this page, skip to “final performance report” beginning on page 6]**
- No – this award is still active. **[After completing this page, continue to “interim progress report” on page 2]**

Enter the contact information of the person completing this report:

Title within the organization (e.g., Deputy Director)

First name:

Last name:

Organization:

Enter the contact information for the Law Enforcement Executive for this award.

Title with the organization (e.g., Chief):

First name:

Last name:

Organization:

Phone:

Email address:

Enter the contact information for the Government Executive for this award.

Title within the organization (eg. Mayor, Administrator):

First name:

Last name:

Organization:

Phone:

Email address:

COPS Anti-Methamphetamine Program – Interim Progress Report

AWARD IMPLEMENTATION

1. Did your agency receive funding under this COPS Office award to hire sworn officers?

- Yes
- No

[if YES]

1a. Number of sworn officer positions approved under this award:

1b. As of the last date of the reporting period, how many of the COPS Office awarded positions were filled?

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

- Yes
- No

[if YES]

2a. How has the purchase of all of the equipment, technology, training, and/or other cost items in your approved project budget increased your agency's community policing capacity?

Capacity has increased:

5	4	3	2	1	0
To a great extent	To a large extent	To some extent	To a little extent	Not at all	Too soon to say

[if NO]

2b. Please provide the purchasing status of all the equipment, technology, training, and/or other cost items in your approved project budget. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Planning stage | <input type="checkbox"/> Purchase delayed – technical issues |
| <input type="checkbox"/> Purchase delayed – change in administration | <input type="checkbox"/> Purchase delayed – COVID-19 |
| <input type="checkbox"/> Purchase delayed – vendor delays | <input type="checkbox"/> Sole source approval needed |
| <input type="checkbox"/> Purchase delayed – procurement issues | <input type="checkbox"/> Purchasing in progress |
| | <input type="checkbox"/> Other |

[if OTHER]

Please explain:

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

- Yes
- No
- N/A

[if NO]

3a. Please check the reason(s) that best describe(s) the hiring status. (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Recruitment/hiring in progress | <input type="checkbox"/> Change in administration |
| <input type="checkbox"/> Staff turnover | <input type="checkbox"/> Temporary hiring freeze |
| <input type="checkbox"/> Lack of qualified candidates | <input type="checkbox"/> Other |

[if OTHER]

Please explain:

4. Did your agency establish new or enhance existing partnerships during this reporting period to support the work of the task force?

- Yes
- No

[if YES]

4a. How many partnerships were established or enhanced during this reporting period?

4b. Are these partnerships (check all that apply):

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Federal | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> State | <input type="checkbox"/> Other |
| <input type="checkbox"/> Local agencies | |

[if OTHER]

Please describe:

5. Is your agency sharing methamphetamine-related information and intelligence with federal, state, local, or tribal law enforcement partners?

- Yes
- No
- No, but plan to do so

[if NO]

Please explain:

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

- Yes
- No

[if YES]

6a. Please identify what type of programmatic assistance you require. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Award Modification Needed | <input type="checkbox"/> Federal Financial Report Question |
| <input type="checkbox"/> Award Extension Needed | <input type="checkbox"/> Retention Issue |
| <input type="checkbox"/> Sole Source Approval Needed | <input type="checkbox"/> Problems Hiring |
| <input type="checkbox"/> Community Policing Assistance | <input type="checkbox"/> Consultant Rate Approval Needed |
| <input type="checkbox"/> Award Withdrawal (voluntary termination) Needed | <input type="checkbox"/> Training and Technical Assistance |
| | <input type="checkbox"/> Other |

[if PROGRAMMATIC ASSISTANCE REQUIRED is OTHER]

Please explain other assistance needed:

[if PROGRAMMATIC ASSISTANCE REQUIRED is MOD, EXTENSION, or WITHDRAWAL]

Please proceed with submission of this report and contact your Grant Program Manager or the COPS Office response center for assistance:

IMPACT REPORTING

7. Please provide seizure data for your CAMP-funded agency or task force. Please note the data provided should reflect only the number of seizures by the agency or task force that is receiving CAMP funding and not the number of seizures by other entities or agencies in your state.

- Number of seizures of precursor chemicals:
- Number of grams (g) of precursor chemicals seized:
- Number of seizures of finished methamphetamine:
- Number of grams (g) of finished methamphetamine seized:
- Number of seizures of methamphetamine laboratories:
- Number of laboratory dump seizures:
- Number of incidents where cash was seized:
- Total amount of cash seized:
- Number of incidents where firearms were seized:
- Total number of firearms seized:

8. How many arrests or prosecutions for methamphetamine-related crimes were made during the reporting period as a result of task force operations?

9. Please describe how COPS Office award funding has made an impact in your community. In developing your response, consider how impact will be determined and measured.

10. How would you rate the impact of COPS Office award funding under this program?

5	4	3	2	1	0
A great impact	A large impact	Some impact	A little impact	No impact	Too soon to say

11. The U.S. Department of Justice is interested in significant seizure, arrest, or other notable task force activities. Please provide a concise summary of any noteworthy task force success stories, which we may consider for recognition.

12. Please indicate the extent to which COPS Office knowledge resources (e.g., publications, podcasts, training) have increased your agency’s community policing capacity.

5	4	3	2	1	0
To a great extent	To a large extent	To some extent	To a little extent	Not at all	Too soon to say

Once you have completed the interim progress report questions, skip to “CERTIFICATION AND DISCLAIMER” on page 12.

COPS Anti-Methamphetamine Program – Final Performance Report

Award Number (e.g., 2017UMWX0021)

1. Did your agency receive funding under this COPS Office award to hire sworn officers?

- Yes
- No

[if YES]

1a. Number of sworn officer positions approved under this award:

1b. Were all COPS Office–funded sworn officer positions filled for the length of time requested in the project application and approved in the budget?

- Yes
- No

[if NO]

Please explain:

2. Has your agency submitted a final Federal Financial Report (FFR or SF-425)?

- Yes
- No

[if NO]

Note: You must submit your final Federal Financial Report (SF-425) and draw down any eligible expenses within the closeout period.

3. Did your agency experience any challenges or difficulties in implementing your project goals and objectives?

- Yes
- No

[if YES]

3a. Please identify the challenges or difficulties your agency experienced. (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Staff turnover | <input type="checkbox"/> Vendor delays |
| <input type="checkbox"/> Change in administration | <input type="checkbox"/> Training issues |
| <input type="checkbox"/> Temporary hiring freeze | <input type="checkbox"/> Project partners |
| <input type="checkbox"/> Lack of qualified candidates | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Procurement issues | <input type="checkbox"/> Other |

[if OTHER]

Please specify:

4. Did your agency complete the purchase of all of the equipment, technology, training, background investigations and/or other cost items in your approved project budget?

- Yes
- No

[if NO]

4a. You have indicated that you have not completed the purchases under your award. Do you need an extension of time to fulfill your award requirements and complete all your purchases?

- Yes
- No

[if NO]

4b. Are you prepared for the COPS Office to close your award and deobligate any remaining funds?

- Yes
- No

[if NO]

Please explain:

5. Please provide cumulative seizure data for your CAMP-funded agency or task force for the entire award period. Please note the data provided should reflect only the number of seizures by the agency or task force that is receiving CAMP funding and not the number of seizures by other entities or agencies in your state.

- Number of seizures of precursor chemicals:
- Number of grams (g) of precursor chemicals seized:
- Number of seizures of finished methamphetamine:
- Number of grams (g) of finished methamphetamine seized:
- Number of seizures of methamphetamine laboratories:
- Number of laboratory dump seizures:
- Number of incidents where cash was seized:
- Total amount of cash seized:
- Number of incidents where firearms were seized:
- Total number of firearms seized:

6. How many arrests or prosecutions for methamphetamine-related crimes were made cumulatively during the entire award period as a result of task force operations?

ADVANCING COMMUNITY POLICING

7. Were any new partnerships developed or existing partnerships enhanced as a result of this assistance award / project?

- Yes
- No

[if YES]

8a. Please identify the partner(s) and describe the impact on the award / project.

8b. Please identify the types of new partnerships or existing partnerships that were enhanced. (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Nonprofit organizations |
| <input type="checkbox"/> Businesses | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Federal or state entities | <input type="checkbox"/> Community groups |
| <input type="checkbox"/> Local government entities | <input type="checkbox"/> Other first responders |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Local service agencies |
| <input type="checkbox"/> Other law enforcement entities | <input type="checkbox"/> Other |

[if OTHER]

Please specify:

8. Please explain how COPS Office funding has enhanced your agency's ability to implement community policing activities:

DEVELOPING COMMUNITY/LAW ENFORCEMENT PARTNERSHIPS

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

9. Please indicate the extent to which this COPS Office award has increased your agency's capacity to do the following:

	To a great extent	To a large extent	To some extent	To a little extent	Not at all
Regularly distribute crime and disorder information among community members					
Routinely seek input from community to identify and prioritize neighborhood problems (e.g., through regularly scheduled community meetings, annual community surveys)					
Regularly collaborate with other local government agencies that deliver public services					
Regularly collaborate with nonprofit organizations and/or community groups					
Regularly collaborate with local businesses					
Regularly collaborate with informal neighborhood groups and resident associations					

PROBLEM SOLVING

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

10. Please indicate the extent to which this COPS Office award has increased your agency's capacity to do the following:

	To a great extent	To a large extent	To some extent	To a little extent	Not at all
Routinely incorporate problem-solving principles into patrol work					
Identify and prioritize crime and disorder problems through the routine examination of patterns and trends involving repeat victims, offenders, and locations					
Routinely explore the underlying factors and conditions that contribute to crime and disorder problems					
Systematically tailor responses to crime and disorder problems that address the underlying conditions that contribute to them					
Regularly conduct assessments to determine the effectiveness of responses to crime and disorder problems					

ORGANIZATIONAL CHANGE

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

11. Please indicate the extent to which this COPS Office award has increased your agency's capacity to do the following:

	To a great extent	To a large extent	To some extent	To a little extent	Not at all
Incorporate community policing principles into your agency's mission/vision statement and strategic plan					
Practice community policing as an agency-wide effort involving all staff (i.e., not solely housed in a specialized unit)					
Incorporate problem-solving and partnership activities into personnel performance evaluations					

TRAINING AND TECHNICAL ASSISTANCE RESOURCES

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

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

- Yes
- No

[if YES]

12a. Please specify the training or technical assistance received:

12b. Has the training and/or technical assistance that you received from the COPS Office increased your agency’s capacity to do the following? Check all that apply:

- Develop collaborative partnerships with individual and organizational stakeholders in the community.
- Engage in problem-solving to prevent, respond to, and/or better analyze crime.
- Institute organizational changes that support the implementation of community policing strategies.
- Improve technological capabilities to better prevent and/or respond to crime and disorder incidents.
- Effectively implement the strategies presented to better prevent and/or respond to crime and disorder incidents.
- None of the above

12c. Did you share the information that you learned from the training and/or technical assistance with others?

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

- Yes
- No

[if YES]

13a. Please describe:

Once you have completed the final progress report questions, continue to “CERTIFICATION AND DISCLAIMER” on page 12.

CERTIFICATION AND DISCLAIMER

Enter the contact information of the person completing this Report.

Title within the organization (e.g., Deputy Director)*

First name:*

Last name:*

Phone:*

Email address:*

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

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that false statements or claims made in connection with COPS Office awards may result in fines, imprisonment, disbarment from participating in federal awards or contracts, and/or any other remedy available by law to the Federal Government. Please be advised that a hold may be placed on COPS Office awards if it is deemed that the agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation. Please also be advised that remedies for noncompliance with award requirements may include but are not limited to repayment of expended award funds, suspension or termination of award funds, ineligibility to receive additional COPS Office funding, or placement on the U.S. Department of Justice’s High Risk List.*

Project Implementation Status Disclaimer: Please click the box if you agree to the following: “The COPS Office may use/publish your written statement(s), or any portion of the written statement(s) (herein known as “works”), as references, success stories, and best practices. They may also be used in any COPS Office marketing, publications, and/or training materials. In the event the COPS Office publishes your agency’s ‘works,’ the COPS Office will send to the point of contact a link of the ‘works’ or an attachment of the “works” via electronic mail.”

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