



# 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.**

## Tribal Resource Grant Program—Hiring (TRGP–Hire)

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 7]**
- 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 (e.g., Mayor, Administrator):

First name:

Last name:

Organization:

Phone:

Email address:

## **Tribal Resource Grant Program—Hiring (TRGP–Hire) – Interim Progress Report**

### **AWARD IMPLEMENTATION – HIRING**

This section pertains to the COPS Office–funded officer positions that were awarded under this award and the hiring status as of the end date of the reporting period.

When answering the following questions, the number of positions filled, the number of positions you intend to fill, and the number of positions not going to be filled must be equal to the number of positions awarded for each hiring category. Enter “0” for any category which does not apply to your award.

1. Indicate the number of positions that were awarded under this award, either originally or as a result of an approved modification. First, give the total number awarded; then, in 1a, 1b, and 1c, indicate how many positions were awarded in each category.

Total positions AWARDED:

- 1a. Number AWARDED – new hire positions:
- 1b. Number AWARDED – rehire (pre-application layoffs):
- 1c. Number AWARDED – rehire (post-application layoffs):

2. As of the last date of the reporting period, how many of the COPS Office awarded positions were FILLED?

Total number of COPS Office awarded positions that have been FILLED:

**[if TOTAL POSITIONS FILLED is NOT 0]**

- 2a. Number FILLED – new hire positions:
- 2b. Number of rehire positions filled (pre-application layoffs):
- 2c. Number of rehire positions filled (post-application layoffs):

3. How many School Resource Officer positions was your agency awarded under this award? For the definition of School Resource Officer, please review the program documentation for your award.

**[if SRO POSITIONS is NOT 0]**

3a. Have all of the COPS Office–funded officers deployed as SROs received COPS Office–approved SRO training?

- Yes
- No

**[if NO]**

Please explain why they have not:

4. As of the last date of the reporting period, how many of the UNFILLED COPS Office awarded positions do you INTEND to fill? If you have no unfilled positions, enter “0”.  
Total number of positions you INTEND to fill:

**[if UNFILLED POSITIONS YOU INTEND TO FILL is NOT 0]**

- 4a. Number of new hire positions you INTEND to fill:
- 4b. Number of rehire (pre-application layoff) positions you INTEND to fill:
- 4c. Number of rehire positions (post-application layoffs) you INTEND to fill:

Of the COPS Office–funded positions that you intend to fill, what is the status of the positions? Under each status description that follows, enter the number of positions that match that status. Enter “0” if the status is not applicable to any positions.

- 4d. Number of positions where recruiting/hiring process has not yet started:
- 4e. Number of positions in the recruiting/hiring process (e.g., career fairs, interviews, background checks):
- 4f. Number of positions in the training academy:

Of the COPS Office–funded position(s) that you intend to fill, what is the expected start date of the position(s)?

- 4g. Number of positions expected to start in 0–3 months:
- 4h. Number of positions expected to start in 4–6 months:
- 4i. Number of positions expected to start in 7–9 months:
- 4j. Number of positions expected to start in 10–12 months:

5. How many of the unfilled COPS Office award position(s) are NOT GOING TO BE FILLED?  
Total number of positions that will NOT BE FILLED:

**[if POSITIONS THAT WILL NOT BE FILLED is NOT 0]**

- 5a. Number of new hire positions that will not be filled:
- 5b. Number of rehire (pre-application layoffs) positions that will not be filled:
- 5c. Number of rehire (post-application layoffs) positions that will not be filled:
- 5d. For any positions that will not be filled, please explain why in the box. Note: If any positions will not be filled, please contact your Grant Program Specialist to discuss an award modification and/or voluntary termination (withdrawal).

6. Has a background investigation been completed for the sworn career law enforcement officer(s) hired under the COPS Office award?

- Yes
- No

**[if NO]**

- 6a. Please explain why a background investigation has not been completed on the awarded officer(s):

7. Has officer basic training been completed for the sworn career law enforcement officer(s) hired under the COPS Office award?

- Yes
- No

**[if NO]**

7a. Please explain why the sworn career law enforcement officer(s) have not completed officer basic training. (e.g., training scheduled but not complete):

8. Please identify the specific crime and public safety problem(s) that your tribe is addressing through this award funding. (check all that apply)

- Methamphetamines
- Prescription drugs
- Gang violence
- Property crimes
- Other

**[if OTHER]**

Please specify:

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

- Yes
- No

**[if YES]**

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

- Award Modification Needed
- Award Extension Needed
- Sole Source Approval Needed
- Community Policing Assistance
- Award Withdrawal (voluntary termination) Needed
- Federal Financial Report Question
- Retention Issue
- Problems Hiring
- Consultant Rate Approval Needed
- Training and Technical Assistance
- 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:

10. 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

11. 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

12. 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.

## FUNDED POSITIONS

In this section, you will report the date that each COPS Office–funded position was filled. The number of positions available for you to fill out will depend on the number of total number of COPS Office awarded positions you reported FILLED in question 2. If a position was subsequently vacated, indicate that in the box. Also indicate the date the position was later re-filled, if applicable. Some positions are vacated and filled more than once; in that case, please add additional vacancy/refill dates in the box. If the position was not vacated, leave the box empty and move to the next position.

If no positions were filled, you will move on to the next question.

Note that these answers do not pre-populate from previous performance reporting.

This section will be used to monitor compliance with the requirement to fill each position for 36 months during the award period.

**[if TOTAL POSITIONS FILLED in question 2 is NOT 0]**

POSITION 1: Date filled

If applicable, in the box, concisely provide dates that this position was subsequently vacated, refilled, re-vacated, etc. Use the following format: Date vacated: MM/DD/YYYY, Date refilled: not yet refilled, or MM/DD/YYYY. Note: If position was never vacated, leave this box blank, or enter N/A.

**[continue for all TOTAL POSITIONS FILLED]**

## Tribal Success Story

We are interested in collecting stories that illustrate how your tribe, village, or tribal consortium uses grants awarded under the Coordinated Tribal Assistance Solicitation (CTAS) to impact your public safety needs. Your story will help the U.S. Department of Justice accurately convey how critical these grant funds are in combating domestic violence, improving public safety, serving victims of crime, and supporting youth programs in American Indian and Alaska Native communities. We would like to know how your grant(s) awarded under CTAS benefited your tribe so that we can share your experiences with others. While considering your story, keep in mind that we are specifically interested in how the grant has improved the safety of your community. Your participation is important to us, and we appreciate you taking the time to share your story for consideration.

13. Please provide a brief (200 words or less) pre-grant implementation description about your tribe/village/tribal consortium (e.g., sense of community, common justice/law-related issues faced). In other words, what circumstances prompted you to apply for funding?
14. Give a description (100 words or less) of some of the short and long-term implications these grant funds have had. Questions for consideration: What is the perspective for the future of this project/service/program? Is there a next stage that you now plan to implement?
15. Give a description (200 words or less) of how the grant funds were used, with a specific focus on the type of project/program/service that the grants were used for. Your response should answer the following questions: What is the name of your project/program/service? What specific challenge, problem, or issue has this project/program/service solved for your community, and how? In short, how has this grant impacted those directly affected by the challenge, problem, or issue? (Anecdotal and statistical examples are acceptable, as well as quotations from those involved.)
16. Any additional details you'd like to provide?
17. Do you have any additional best practices or success stories that you would like to share the COPS Office related to your community policing plan? If yes, describe below. Otherwise, enter N/A.

Once you have completed the interim progress report questions, skip to "CERTIFICATION AND DISCLAIMER" on page 11.

## **Tribal Resource Grant Program—Hiring – Final Performance Report**

1. Award Number (e.g., 2017UMWX0021)
2. In this section, please indicate the number of positions of each type that were awarded, and the number that were filled for the entire 36-month funding period?
  - 2a. Number AWARDED – new hire positions:
  - 2b. Number AWARDED – rehire (pre-application layoffs):
  - 2c. Number AWARDED – rehire (post-application layoffs):
  - 2d. Number FILLED – new hires:
  - 2e. Number FILLED – rehire (pre-application layoffs):
  - 2f. Number FILLED – rehire (post-application layoffs):

3. Were all of the COPS Office–funded awarded positions filled for the entire period as required in the award documents (36 months or 60 months, depending on the award year)?

- Yes
- No

**[if NO]**

- 3a. How many positions were NOT FILLED for the entire 36 month funding period?
  - 3b. Please provide a brief explanation regarding any positions where the 36-month requirement was not met.
4. TRGP–Hire grantees are required to retain all sworn officer position(s) awarded under the TRGP–Hire award with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position. This means that the retained COPS Office–funded position(s) must be added to your agency's law enforcement budget, over and above the number of locally funded sworn officer positions that would exist in the absence of the award. Absorbing your COPS Office–funded officer positions through attrition (rather than adding extra positions to your budget with additional funding) does not meet the retention requirement.
    - I certify by checking this box that as stated in my original award application, my agency plans to retain the additional sworn officer position(s) awarded under this award with state and/or local funds for a minimum of 12 months at the conclusion of 36 months of federal funding for each awarded position.
    - My agency has any questions about the retention requirement and/or is concerned about our agency's ability to retain the officer position(s) due to fiscal distress or other extenuating circumstances.

**[if RETENTION QUESTIONS is CHECKED]**

Please provide a brief explanation of your question or concern.

5. 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.

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

- Yes
- No

**[if YES]**

6a. Please identify the challenges or difficulties you experienced:

- Staff turnover
- Change in administration
- Temporary hiring freeze
- Lack of qualified candidates
- Other

**[if OTHER]**

Please specify other challenges:

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

- Yes
- No

**[if YES]**

7a. Please identify the partner(s) and describe the impact on the award / project.

7b. Please identify the types of new partnerships or existing partnerships that were enhanced (check all that apply):

- Faith based
- Businesses
- Federal or state entities
- Local government entities
- Courts
- Other law enforcement entities
- Nonprofit organizations
- Schools
- Community groups
- Other first responders



- Local service agencies
- Other

**[if OTHER]**

Please specify:

8. Please explain how COPS Office funding has enhanced your agency’s ability to implement community policing activities.
9. Please identify the specific crime and public safety problem(s) that your tribe is addressing through this award funding. (check all that apply)
  - Methamphetamines
  - Prescription drugs
  - Gang violence
  - Property crimes
  - Other

**[if OTHER]**

Please specify:

## 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.

10. 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]**

10a. Please specify the training or technical assistance received:

10b. Has the training and/or technical assistance that you received from the COPS Office increased your agency’s capacity to the do 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 is order incidents.
- Effectively implement the strategies presented to better prevent and/or respond to crime and disorder incidents.
- None of the above

10c. Did you share the information that you learned from the training and/or technical assistance with others?

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13. Give a description (100 words or less) of some of the short and long-term implications these grant funds have had. Questions for consideration: What is the perspective for the future of this project/service/program? Is there a next stage that you now plan to implement?
14. Any additional details you'd like to provide?
15. 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]**

Please describe:

Once you have completed the final progress report questions, continue to "CERTIFICATION AND DISCLAIMER" on page 11.

## 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.”

PAPERWORK REDUCTION ACT NOTICE: The public reporting burden for this collection of information is estimated to be up to one hour per response including time for searching existing data sources, gathering the data needed, and completing and reviewing the report. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to The Office of Community Oriented Policing Services, U.S. Department Of Justice, 145 N Street, NE, Washington, D.C. 20530: and to the Public Use Reports Project, Office Of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C 20530.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0098, and the expiration date is 05/31/2024.