OMB Control Number: 1103-0098 Expiration Date: 05/31/2013

COPS Application Attachment to SF-424

SECTION 1: COPS PROGRAM REQUEST

Federal assistance is being requested under the following COPS program:

Select the COPS grant program for which you are requesting federal assistance. A separate application must be completed for each COPS program for which you are applying. Please ensure that you read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

CHECK ONE PROGRAM OPTION ONLY

Secure Our Schools

Law Enforcement Entities

| A. <u>T</u> | ype of Agency (select one) | |
|-------------|-----------------------------------|---|
| X | Law Enforcement | Non-Law Enforcement |
| From | the list below, please select the | ype of agency which best describes the applicant. |

Municipal Police

SECTION 2: Agency Eligibility Information

SECTION 2: Agency Eligibility Information

2B: SOS Eligibility Questions

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

Section 3: GENERAL AGENCY INFORMATION

A. Applicant ORI Number: VA12300

The ORI number is assigned by the FBI and is your agency's unique identifier. The COPS Office uses the first seven characters of this number. The first two letters are your state abbreviation, the next three numbers are your county's code, and the next two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant. ORI numbers assigned to agencies by the COPS Office may end in "ZZ."

B.Applicant Data Universal Numbering System (DUNS) Number:

111517327

A Data Universal Numbering System (DUNS) Number is required. A DUNS number is a unique nine or thirteen digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. For more information about how to obtain a DUNS number, please refer to the "How to Apply" section of the COPS Application Guide.

C.Central Contractor Registration (CCR)

All applicants (other than individuals) are required to maintain current registrations in the Central Contractor Registration (CCR) database. The CCR database is the repository for standard information about federal financial assistance applicants, recipients, and sub-recipients. For more information about how to register with the CCR, please refer to the "How to Apply" ection of the COPS Application Guide. Please note that applicants must update or renew their CCR at least once per year to maintain an active status.

Your CCR Registration is set to expire on 03/16/2012

Note: This information was received directly from the CCR database. If this information is incorrect, please contact the CCR Service Desk at 866-606-8220 or view/update your registration information at https://www.bpn.gov/ccr/default.aspx. If your CCR registration is set to expire prior to 09/30/2011, please renew your CCR Registration prior to completing this application.

D. Geographic Names Information System (GNIS) ID: 1498439

Please enter your Geographic Names Information System (GNIS) Identification Number. This is a unique ID assigned to all geographic entities by the U.S. Geological Survey. To look up your GNIS Feature ID, please go to the website: http://geonames.usgs.gov/domestic/index.html . For more information about how to obtain a GNIS number, please refer to the "How to Apply" section of the COPS Application Guide.

| E. Cognizant Federal Agency: | Department of Justice |
|------------------------------|-----------------------|
|------------------------------|-----------------------|

Select the legal applicant's Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget. Applicants that have never received federal funding should select the "Department of Justice" as the Cognizant Federal Agency.

F. Fiscal Year: 7/1/2011 **to** 06/30/2012 **(mm/dd)**

Enter the month and day of the legal applicant's fiscal year.

Section 3: GENERAL AGENCY INFORMATION

G. Service Population

| 1. Enter the total population estimate available in the A | | | For this grant using the latest census der.census.gov. |
|--|---|---|---|
| 93271 | | | |
| 2. Check here if the popula figures (e.g., colleges, spec | | | ant is not represented by U.S. Census nts, etc.). |
| 2a. If the population of the indicate the size of the population | | | epresented by U.S. Census figures, please nate: |
| 0 | | | |
| 2b. Please indicate the sou | rce of this population | estimate: | |
| (e.g., website address) | | | |
| 3. What is the actual popul | lation your department | serves as the p | rimary law enforcement entity? |
| the census population min geographic boundaries or | us incorporated towns estimates of ridership nent authority is define | and cities that (e.g., transit po ed as having firs | ove. For example, a service population may be have their own police department within your plice) or visitors (e.g., park police). An agency st responder responsibility to calls for service |
| 93271 | | | |
| 3a. If applicable, plea | ese explain why the ser | vice population | differs from the census population: |
| H. Law Enforcement Ag | ency Sworn Force In | formation | |
| number of sworn officer | r positions is the numb I but frozen positions, | er of sworn pos as well as state, | he current fiscal year below. The budgeted sitions funded in your agency's Bureau of Indian Affairs, and/or locally aid/reserve officers. |
| a. Number of office | cers funded in agency' | s current fiscal | year budget: |
| Full-Time: $\underline{2}$ | 53 | Part-Time: | 0 |
| number of sworn officer | positions is the actual | l number of swo | e date of this application. The actual orn positions employed by your agency as of the ty vacant positions or unpaid positions. |
| a. Number of office | cers employed by your | agency as of th | ne date of this application: |
| Full-Time: 2 | 253 | Part-Time: | 0 |
| | | | |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

SECTION 4: EXECUTIVE INFORMATION

Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.

A. Law Enforcement Executive/Agency Executive Information:

For Law Enforcement Agencies: Enter the law enforcement executive's name and contact information. This is the highest ranking law enforcement official within your jurisdiction(e.g., Chief of Police, Sheriff, or equivalent). For Non-Law Enforcement Agencies: Enter the highest ranking individual in the applicant agency (e.g., CEO, President, Chairperson, Director)who has the authority to apply for this grant on behalf of the applicant agency. If the grant is awarded, this position would ultimately be responsible for the programmatic implementation of the award.

Your agency previously indicated that if awarded, this grant would be used in a written contracting arrangement to receive law enforcement services (e.g., a town which is contracting with a neighboring sheriff's department to receive services). Therefore, for question 4A, please provide the executive information for the agency which will be providing the law enforcement services under this grant (e.g., Sheriff). For question 4B, please provide executive information for the government agency which will be receiving the law enforcement services under this grant (i.e., Mayor, City Manager, etc.).

| Title: Chief of I | Police | | Interim/Acting: | | | |
|--------------------|------------------------------|-----------------------------|-------------------|---------|----------|---------------------------|
| First Name: Chi | ris | MI: | Last Name: | Perkins | | Suffix: |
| Agency Name: | City of Roanoke | | | | | |
| Street Address1: | 348 Campbell Ave | enue SW | | | | |
| Street Address2: | - | | | | | |
| City: Roanoke | | St | ate: VA | Zip | code: | 24016 |
| Telephone: 540 | 8532203 Fa | x: 540853 | 5399 | | _ | |
| Email: | | | | | | |
| B. Government F | Executive/Financial Off | icial Inforn | nation: | | | |
| position would ult | itions (e.g., clerks, truste | or the finances, etc.) is r | cial management o | | | note that information for |
| First Name: Chi | ris | MI: | Last Name: | Morrill | | Suffix: |
| Agency Name: | City of Roanoke | | | | | |
| Street Address1: | 215 Church Street SW | | | | | |
| Street Address2: | Room 364 | | | | | |
| City: Roanoke | | | State: VA | 7 | Zipcode: | 24011 |
| Telephone: 540 | 08532333 | Fax: 54085 | 531138 | | | |
| Email: | | | | | | |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

COPS Office grants must be used to reorient the mission and activities of law enforcement agencies through initiating community policing or enhancing their involvement in community policing. If awarded funds, your responses to this section will constitute your agency's community policing plan under this grant. Your organization may be audited or monitored to ensure that it is initiating or enhancing community policing in accordance with this plan. The COPS Office may also use this information to understand the needs of the field, and potentially provide for training, technical assistance, problem solving and community policing implementation tools.

We understand that your community policing needs may change during the life of your grant (if awarded), and minor changes to this plan may be made without prior approval from the COPS Office. We also recognize that this plan may incorporate a broad range of possible community policing strategies and activities, and that your agency may implement particular community policing strategies from the plan on an as-needed basis throughout the life of the grant. If your agency's community policing plan changes significantly, however, you must submit those changes in writing to the COPS Office for approval. Changes are "significant" if they deviate from the range of possible community policing activities identified and approved in this original community policing plan submitted with your application.

Community Policing Definition Framework

The following is the COPS Office definition of community policing that emphasizes the primary components of community partnerships, organizational transformation, and problem solving.

Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues, such as crime, social disorder, and fear of crime.

The COPS Office has completed the development of a comprehensive community policing self-assessment tool for use by law enforcement agencies. Based on this work, we have developed the following list of primary sub-elements of community policing. Please refer to the COPS Office website (www.cops.usdoj.gov) for further information regarding these sub-elements.

| Community Partnerships: Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to both develop solutions to problems and increase trust in police. | Organizational Transformation: The alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts. | Problem Solving: The process of engaging in the proactive and systematic examination of identified problems to develop effective responses that are rigorously evaluated. |
|--|--|--|
| | Agency Management | |
| Other Government Agencies Community Members/Groups Non-Profits/Service Providers Private Businesses Media | Climate and culture Leadership Labor relations Decision-making Strategic planning Policies Organizational evaluations Transparency | Scanning: Identifying and prioritizing Analysis: Analyzing problems Response: Responding to problems Assessment: Assessing problem- solving initiatives Using the Crime Triangle to focus on immediate conditions (Victim/ Offender/Location) |
| | Organizational Structure | |
| | Organizational Structure Geographic assignment of officers Despecialization Resources and finances | |
| | Personnel | |
| | Recruitment, hiring and selection Personnel supervision/evaluations Training | |
| | Information Systems (Technology) | |
| | Communication/access to data Quality and accuracy of data | |

Proposed Community Policing Plan

COPS grants must be used to initiate or enhance community policing activities, either directly by your law enforcement agency, or (for non-law enforcement applicants) in collaboration with law enforcement. Please complete the following questions to describe the types of community policing activities that you are currently engaged in and that will result from COPS funding. For each question, answer on behalf of the applicant law enforcement agency, or for non -law enforcement applicants, the law enforcement agency with whom you will collaborate.

You may find more detailed information about community policing at the COPS Office website http://www.cops.usdoj.gov/Default.asp?Item=36.

Community Partnerships

| Community partnerships are ongoing collaborative relationships between law enforcement and the individuals and organizations they serve to both develop solutions to problems and increase trust in the police. |
|---|
| My Agency: |
| P1) Regularly distributes relevant crime and disorder information to community members. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| YES NO |
| P2) Routinely seeks input from the community to identify and prioritize neighborhood problems (e.g., through regularly scheduled community meetings, annual community surveys, etc.). |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| ☐ YES ☐ NO |
| P3) Regularly collaborates with local government agencies that deliver public services. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| X YES NO |
| b) NO |
| If no, do not you plan to use grant funding to initiate or implement this activity? |
| ☐ YES ☐ NO |
| P4) Regularly collaborates with non-profit organizations and/or community groups. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

| YES X | NO |
|--|---|
| b) NO | |
| If no, do you plan to use grant fundin | g to initiate or implement this activity? |
| YES | 40 |
| P5) Regularly collaborates with local business | ses. |
| a) X YES | |
| If yes, do you plan to use grant funding | g to enhance or expand this activity? |
| YES X N | IO |
| b) NO | |
| If no, do you plan to use grant funding | g to initiate or implement this activity? |
| | 10 |
| P6) Regularly collaborates with informal neig | hborhood groups and resident associations. |
| a) X YES | |
| If yes, do you plan to use grant funding | g to enhance or expand this activity? |
| YES X N | 0 |
| If no, do you plan to use grant funding | to initiate or implement this activity? |
| b) NO | |
| YES | 10 |
| P7) Regularly collaborates with federal gover working groups, etc.). | nment agencies through formal partnerships (e.g., taskforces, |
| a) X YES | |
| If yes, do you plan to use grant fundin | g to enhance or expand this activity? |
| YES X N | О |
| b) NO | |
| If no, do you plan to use grant funding | to initiate or implement this activity? |
| YES N | O |
| | |

Problem Solving

Problem solving is an analytical process for systematically (1) identifying and prioritizing problems, (2) analyzing problems, (3) responding to problems, and (4) evaluating problem-solving initiatives. Problem solving involves an agency-wide commitment to go beyond traditional police responses to crime to proactively address a multitude of problems that adversely affect quality of life.

| My Agency: |
|---|
| PS1) Routinely incorporates problem-solving principles into patrol work. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| YES NO |
| PS2) Identifies and prioritizes crime and disorder problems through the routine examination of patterns and trends involving repeat victims, offenders, and locations. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| ☐ YES ☐ NO |
| |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES X NO |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES NO NO |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES X NO b) NO If no, do not you plan to use grant funding to initiate or implement this activity? |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES X NO b) NO If no, do not you plan to use grant funding to initiate or implement this activity? |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO PS4) Systematically tailors responses to crime and disorder problems to address their underlying conditions. |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES X NO b) NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO PS4) Systematically tailors responses to crime and disorder problems to address their underlying conditions. a) X YES |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES X NO b) NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO PS4) Systematically tailors responses to crime and disorder problems to address their underlying conditions. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? |
| PS3) Routinely explores the underlying factors and conditions that contribute to crime and disorder problems. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? YES NO If no, do not you plan to use grant funding to initiate or implement this activity? YES NO PS4) Systematically tailors responses to crime and disorder problems to address their underlying conditions. a) X YES If yes, do you plan to use grant funding to enhance or expand this activity? X YES NO NO |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

| PS5) Regularly conducts assessments to determine the effectiveness of responses to crime and disorder problems. | | | | |
|---|----------------------------------|---|--|--|
| a) X | YES | | | |
| | If yes, do you plan to use grant | funding to enhance or expand this activity? | | |
| | YES | X NO | | |
| b) | NO | | | |
| | If no, do you plan to use grant | funding to initiate or implement this activity? | | |
| | YES | NO | | |
| | _ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

Organizational Transformation

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

| My Agency: | |
|---|---|
| OT1) Incorporates community policing principles into the agency's mis | sion statement and strategic plan. |
| a) X YES | |
| If yes, do you plan to use grant funding to enhance or expand this ac | tivity? |
| YES X NO | |
| b) NO | |
| If no, do you plan to use grant funding to initiate or implement this | activity? |
| YES NO | |
| OT2) Practices community policing as an agency-wide efforti nvolving specialized unit). | all staff (i.e., not solely housed in a |
| a) X YES | |
| If yes, do you plan to use grant funding to enhance or expand this a | etivity? |
| YES X NO | |
| b) NO | |
| If no, do you plan to use grant funding to initiate or implement this | activity? |
| YES NO | |
| OT3) Incorporates problem-solving and partnership activities into pers | onnel performance evaluations. |
| a) X YES | |
| If yes, do you plan to use grant funding to enhance or expand this ac | tivity? |
| YES X NO | |
| b) NO | |
| If no, do not you plan to use grant funding to initiate or implement t | his activity? |
| YES NO | |

Technology

Technology provides agencies with the tools to communicate more effectively externally with the public and internally with their own staff, and the ability to understand and analyze community problems.

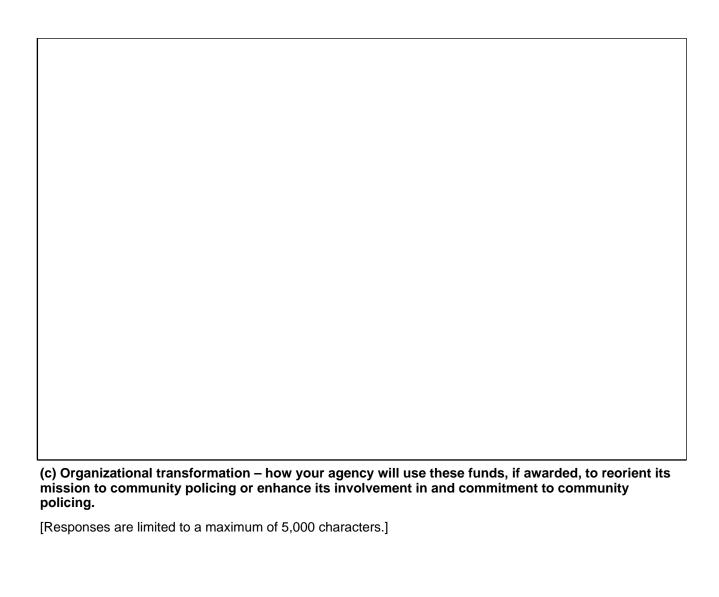
| My Agency: |
|--|
| TEC01) Ensures that agency staff have appropriate access to relevant data (e.g., calls for service, incident and arrest data, etc.). |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| YES NO |
| TEC02) Uses technology (e.g., crime mapping or statistical software) to analyze and understand problems in the community. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do you plan to use grant funding to initiate or implement this activity? |
| ☐ YES ☐ NO |
| TEC03) Uses technology (e.g., GIS/GPS for deployment or laptops for field reporting) to improve the agency's overall efficiency and effectiveness. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| YES X NO |
| b) NO |
| If no, do not you plan to use grant funding to initiate or implement this activity? |
| YES NO |
| TEC04) Provides officers with necessary equipment to better prevent and/or respond to crime and disorder problems. |
| a) X YES |
| If yes, do you plan to use grant funding to enhance or expand this activity? |
| b) NO |
| If no, do not you plan to use grant funding to initiate or implement this activity? |
| ☐ YES ☐ NO |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

Community Policing Plan Narrative

Please describe your agency's implementation plan for this program (if awarded), with specific reference to each of the following elements of community policing: (a) community partnerships and support, including consultation with community groups, private agencies, and/or other public agencies; (b) related governmental and community initiatives that complement your agency's proposed use of COPS funding; and (c) organizational transformation – how your agency will use these funds, if awarded, to reorient its mission to community policing or enhance its involvement in and commitment to community policing.

| agency will use these funds, if awarded, to reorient its mission to community policing or enhance its involvement in and commitment to community policing. | | | | |
|---|--|--|--|--|
| In the space provided, please address your agency's implementation plan for this program with specific reference to each of the following elements of community policing: | | | | |
| (a) Community partnerships and support, including consultation with community groups, private agencies, and/or other public agencies. | | | | |
| [Responses are limited to a maximum of 5,000 characters.] | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (b) Related governmental and community initiatives that complement your agency's proposed use of COPS funding. | | | | |
| [Responses are limited to a maximum of 5,000 characters.] | | | | |
| | | | | |



| 1 | |
|----------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | P1) To what extent is there community support in your jurisdiction for implementing the oposed grant activities? |
| pr | oposed grant activities? |
| pr | oposed grant activities? High level of support |
| or | oposed grant activities? High level of support Moderate support |
| pro X CF | oposed grant activities? High level of support Moderate support Minimal support P2) If awarded, to what extent will the grant activities impact the other components of the |
| proxXXX | oposed grant activities? High level of support Moderate support Minimal support P2) If awarded, to what extent will the grant activities impact the other components of the iminal justice system in your jurisdiction? |
| prox | oposed grant activities? High level of support Moderate support Minimal support P2) If awarded, to what extent will the grant activities impact the other components of the iminal justice system in your jurisdiction? |

SECTION 7: NEED FOR FEDERAL ASSISTANCE

A. Waivers of the Local Match

Section Not Applicable to 2011 COPS Application Attachment

B. Explanation of Need for Federal Assistance

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

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

Roanoke City is the largest urban center in southwest Virginia. It is located approximately 170 miles west of Richmond and 235 miles southwest of Washington, D.C. Roanoke has a population of approximately 95.000 with 300.000 citizens residing in the immediate area. Roanoke City is the home of one of two regional refugee and immigration centers in Virginia. Over fifty languages are currently spoken by the residents. Poverty in Roanoke is alarming with a per capita income of only \$18,468 (NCES) compared to the state at \$44,129 (Council on Virginia's Future 2010). Families with children under age 18 living in poverty represent 32.4% of the population (city-data.com). As an inner-city school district, Roanoke City Public Schools (RCPS) reflect the diverse socioeconomic and ethnic characteristics found in the city at large. As of March 31, 2011 67.16% of RCPS students qualify for participation in the free and reduced price school lunch program based on poverty level. RCPS also has a growing population of students for whom English is not their original language. At the start of the 2009-2010 school year, RCPS provided English Language Learner (ELL) services to 939 students representing 7% of the student population. Additionally, 1,643 RCPS students, representing approximately 13% of the student population, have been identified as students with disabilities. This includes students with visual impairments, hearing impairments, and physical disabilities.

Roanoke, like the nation, continues to struggle from the long recession. This has added to the existing poverty and suffering from rising unemployment and reduced incomes. As a result, property and violent crimes are on the rise. Roanoke's property crime rate is 94% higher than the rest of the state and 80% higher than the nation. Roanoke's violent crime rate is 195% higher than Virginia and 109% higher than the national average (areavibes.com). In addition, 398 registered sexual offenders reside within RCPS school attendance zones (sex-offender.vsp.virginia.gov).

Roanoke City Public Schools has historically enjoyed a close relationship with the City of Roanoke Police Department and have worked collaboratively to make efforts to improve school safety and security. They have provided school crossing guards and resource officers for every school. However, due to the economic issues, the Roanoke City Public Schools has experienced a \$15-\$20 million shortfall over the past several years. The city has experienced a similar shortfall. This has resulted in the city's suspending the funding for school crossing guards. The school crossing guard program is vital to the safety and security of our students and staff. Without financial assistance through this grant RCPS will not be able to implement the needed safety and security improvements to its schools nor maintain the crossing guard program.

SECTION 8: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS

B. Continuation of Project after Federal Funding Ends (for other COPS grants with no retention plan requirement)

molete these questions to indicate any plans you may have to continue this program, project, or activity

| Please complete these questions to indicate any plans you may have to continue this program, project, or a after the conclusion of federal funding | Ctivity |
|--|---------|
| 1. Does your agency plan to obtain necessary support and continue the program, project, or activity following conclusion of federal support? | ng the |
| YES X NO | or |
| X General funds | |
| Raise bond/tax issue | |
| Private sources/donations | |
| Non-federal asset forfeiture funds (subject to approval from the state or local oversight agency) | |
| Fundraising efforts | |
| State, local, or other non-federal grant funding | |
| Other (Please provide a brief description of the source(s) of funding not toexceed 350 characters.) | |
| | |
| | |

Legal Name: ORI: VA12300 Application ID: 12402

SECTION 9: SCHOOL SAFETY ASSESSMENT

Agencies which have conducted a school safety assessment within the last three years must answer questions 1-5 regarding the assessment. If your agency has not conducted a school safety assessment within the last three years, your agency must answer questions 6-11, but these questions will be focused on the assessment that will be onducted during the grant implementation period. Your agency may request funding through this grant application to conduct a school safety assessment. Please note, your agency may request other allowable items and is not limited to solely funding a school safety assessment.

Has your agency conducted an assessment within the last three years?

| Yes | | | | |
|---|-----|---|--|--|
| 1. When was the assessment conducted? | | | | |
| 1/1/2010 12:00:00 AM | | | | |
| 2. Who conducted the assessment? Identify ALL internal and external parties involved (e.g. teachers, students, parents, community stakeholders, local businesses, emergency management personnel, security assessment evaluators and/or consultants). | | | | |
| X Teachers Emergency Management Personnel | | | | |
| X Students | X | School S | Security/Safety Personnel | |
| X Parents | X | Consulta | ants | |
| X Community Stakeholders | X | School / | Administrators | |
| Local Business | X | Other | Central Office/District Administrator | |
| 3. Identify what aspects of school sat | ety | and secu | urity were assessed. Select all that apply: | |
| X Security and Surveillance Systems | X | School (| Code of Conduct | |
| X Building Access Control | X | Emerge | ncy Preparedness/Crisis Plans | |
| X Classroom Security | X | School I | ncident and Discipline Data | |
| X Student and Teacher Handbooks | X | Evaluation of Site Access Control Systems | | |
| X Emergency Communications | X | Indoor/C | Outdoor Athletic Facilities | |
| X Safety and Security of School Grounds | X | Other | Student/Parent/Professional Community Development Training | |

4. What were the findings of the assessment? Specifically outline the areas of the school(s) where problems were identified and the proposed recommendations for resolution. Please note: All budget

items requested must be justified in your budget narrative as a result of these findings of the

ORI: VA12300 Legal Name: Application ID: 12402

assessment. Answers are limited to 2000

characters.

| Did the assessment include any staff teacher student, or parent survey data related to school |
|---|
| Did the assessment include any staff, teacher, student, or parent survey data related to school |
| |
| mate? |
| |
| |

X Yes No

If yes, please describe the survey instrument your agency used. Answers are limited to 1000 characters.

Roanoke City Public Schools utilizes three main collection instruments to assess school climate and safety. These instruments include (1) school safety audits, (2) crosswalks, and (3) interviews. A School Safety Audit review/comment instrument is used to evaluate nighttime school building lighting, access, and safety. This instrument was developed internally for use by the school safety committees. A Crosswalk for Safety Audit Commendation/Recommendation instrument is used with school administration, staff, students, and parents to assess school safety. Interviews are used to conduct informal interviews with school administrative staff, and selected teachers and students. All instruments are based on the Virginia Department of Education's School Safety Audit Protocols, 2nd edition (June, 2000). The data collected from these instruments are analyzed to offer guidance in enhancing school safety and improving school climate. Some of the recommendations are reflected in this grant.

SECTION 10: EXECUTIVE SUMMARY

Please provide a brief summary of how your agency will use this federal funding. Refer to the COPS Application Guide for clarification on specific information to include in your summary, and be sure to provide a description of how you expect this grant to impact public safety and/or crime prevention in your community. The Executive Summary may be used to keep Congress or other executive branch agencies informed on law enforcement strategies to deter crime in your community.

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

SECTION 11: PROJECT DESCRIPTION (NARRATIVE)

Please include in your application an in-depth narrative response detailing your proposed project. Please refer to the 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. Note: Child Sexual Predator Program (CSPP) and Community Policing Development (CPD) grant applicants must submit their entire project description narrative as an attachment in Section 13 of this application.

| A. Problem Identification | [Responses are limited to a maximum of 3,000 characters.] | | | |
|---------------------------|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| B. Project Goals/Objectives | [Responses are limited to a maximum of 3,000 characters.] |
|-----------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| C. Building Relationships and Solving Problems | [Responses are limited to a maximum of 3,000 characters.] |
|--|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |
| D. Implementation Plan | [Responses are limited to a maximum of 3,000 characters.] |

| E. Evaluation Plan/Effectiveness of Program | [Responses are limited to a maximum of 3,000 characters.] |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION12:OFFICIALPARTNER(S)CONTACT INFORMATION

An official "partner" under the grant may be a governmental, private, school district, or other applicable entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. Please see the COPS Application Guide for more information on official partners that may be required.

| e: Rita | MI: D L | ast Name: | Bishop | Suffix: | |
|------------------|--|---|--|--|--|
| Partner Agency | (e.g., Smitl | nville High | <u>R</u> | oanoke City Public Schools | |
| artner Agency (| e.g., Schoo | ol | School Dis | trict | |
| dress 1: 40 Do | uglas Ave N | W | | | |
| dress 2: To be | Completed b | y Schools | | | |
| Roanoke | State: | VA | | Zip Code: 24012 | |
| 5408532381 | - | | Fax: | 5408532951 | |
| | | | | | |
| puty Superintend | lent for Ope | rations | | | |
| e: Curtis | MI: D L | ast Name: | Baker | Suffix: | |
| Partner Agency | (e.g., Smitl | nville High | R | oanoke City Public Schools | |
| artner Agency (| e.g., Schoo | ol | School Dis | trict | |
| dress 1: 40 Do | uglass Ave I | NW | | | |
| dress 2: | | | | | |
| | _ | T 7 A | | 7:- OI 24012 | |
| Roanoke | State: | VA | | Zip Code: 24012 | |
| | artner Agency (dress 1: 40 Dor dress 2: To be Roanoke 5408532381 Putty Superintence e: Curtis Partner Agency (| dress 1: 40 Douglas Ave Normal dress 2: To be Completed by State: State: 5408532381 Puty Superintendent for Ope e: Curtis MI: D Leartner Agency (e.g., Smith artner Agency (e.g., School decorption) artner | dress 1: 40 Douglas Ave NW dress 2: To be Completed by Schools Roanoke State: VA e 5408532381 puty Superintendent for Operations e: Curtis MI: D Last Name | artner Agency (e.g., School dress 1: 40 Douglas Ave NW dress 2: To be Completed by Schools Roanoke State: VA e 5408532381 Fax: puty Superintendent for Operations e: Curtis MI: D Last Name: Baker Partner Agency (e.g., Smithville High Recarded Agency (e.g., School School Dis | Artner Agency (e.g., School School District Artner Agency (e.g., School Artner Agency (e.g., School School District School District Artner Agency (e.g., School School District School District School District School District School District |

Person Submitting this Application:

By clicking this box and typing my name below, I certify that I have been legally and officially authorized by the appropriate governing body to identify the partner(s) listed above and act on behalf of the grant applicant entity. I also certify that the above agency (or agencies) is a partner (or are partners) to the grant project as required by the grant and that our agencies mutually agreed to this partnership as related to this grant project prior to submission of this grant application. In addition, I certify that the information provided above regarding the partner(s) is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the Federal Government.

Please type your name here in place of your signature:

Jeffrey Newman

SECTION 13: APPLICATION ATTACHMENTS

This section should be used to attach any required or applicable attachments to your grant application (e.g., Budget Narrative, Memorandum of Understanding, etc.). If the program for which you are applying requires a Memorandum of Understanding (MOU), this document should define the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific Application Guide to determine if an MOU or other application attachments are required. The Guide will also specify if optional attachments are permitted for submission.

| File Name | Attachment |
|--------------------------|---------------------------|
| VA12300_424_10878271.pdf | 424 Attachment |
| Police - RCPS MOU.pdf | MemorandumOfUnderstanding |

SECTION 14: BUDGET DETAIL WORKSHEETS

Instructions for Completing the Budget Detail Worksheets

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

Please refer to the program-specific Application Guide to determine the allowable/unallowable costs, the maximumamount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying. To assist you, sample Budget Detail Worksheets are included in each Application Guide.

Please complete each section of the Budget Detail Worksheets applicable to the program for which you are applying (see the program-specific Application Guide for requirements). If you are not requesting anything under a particular budget category, please check the appropriate box in that category indicating that no positions or items are requested.

All calculations should be rounded to the nearest whole dollar. Once the budget for your proposal has been completed, a budget summary page will reflect the total amounts requested in each category, the total project costs, and the total federal and local shares.

If you need assistance in completing the Budget Detail Worksheets, please call the COPS Office Response Center at 800.421.6770.

SECTION 14: BUDGET DETAIL WORKSHEETS

Instructions: This worksheet will assist your agency in reporting your agency's current entry-level salary and benefits and identifying the total salary and benefits request per officer position for the length of the grant term. Please list the current entry-level base salary and fringe benefits rounded to the nearest whole dollar for one full-time sworn officer position within your agency. Do not include employee contributions. (Please refer to the program-specific Application Guide for information on the length of the grant term for the program under which you are applying.)

Special note regarding sworn officer fringe benefits: For agencies that do not include fringe benefits as part of the base salary costs and typically calculate these separately, the allowable expenditures may be included under Part 1, Section B. Any fringe benefits that are already included as part of the agency's base salary (Part 1, Section A of the Sworn Officer Budget Worksheet) should not also be included in the separate fringe listing (Part 1, Section B).

Please refer to the program-specific Application Guide for information about allowable and unallowable fringe benefits for sworn officer positions requested under the program to which your agency is applying.

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel

Part 1: Instructions: Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program -specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

| Position Title | Year 1 Salary | | Year 2 Sala | • | Year 3 Salary | |
|-----------------------------------|----------------------------|---------------|-----------------------------|------------------|--------------------------------|-----------------|
| School Crossing Guard | \$4,930.00 | | \$4,930.00 | | \$0.00 | <u></u> |
| Description | 100 % of tim | ne on project | 100 % of time on project | | 0 % of time o | n project |
| School Crossing Guard | \$4,930.0 | 0 | \$4,930.00 |) | \$0.00 | |
| FRINGE BENEFITS | Year 1 Fringe COST BASE | | Year 2 Fringe COST BASE: | Benefits % OF | Year 3 Fringe Be COST BASE: | enefits % OF |
| Social Security Exempt Fixed Rate | \$306.00 | 6.00 % | \$306.00 | 6.00 % | \$0.00 | 0.00 % |
| Medicare Exempt Fixed Rate | \$71.00 | 1.40 % | \$71.00 | 1.40 % | \$0.00 | 0.00 % |
| Health Insurance | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Life Insurance | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Vacation | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Annual Hours 0 | | | | | | |
| Sick Leave | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Annual Hours 0 | | | | | | |
| Retirement | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Worker's Compensation X Exempt | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Fixed Rate | | | | | | |
| Unemployment Insurance | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| X Exempt Fixed Rate | | | | | | |
| | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| | \$0.00 | 0.00 % | \$0.00 | 0.00 % | \$0.00 | 0.00 % |
| Benefits Sub-Total Per Year | \$377.00 | | \$377.00 | | \$0.00 | |
| Total (A + B) | \$5,307.00 | _ | \$5,307.00 | - | \$0.00 | |
| | | _ | | - | | |

 ORI:
 VA12300
 Legal Name:
 Application ID:
 12402

Total Salary and Benefits for Years 1, 2, and $\boldsymbol{3}$

\$10,614.00

X 25

Positions

\$265,350.00

C. EQUIPMENT/TECHNOLOGY

Instructions:List non-expendable items that are to be purchased. Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the <u>program-specific Application Guide</u> for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box. Please limit your descriptions to 1000 characters.

| Item Name | Computation (# of Items/Units X Unit Cost) | Per Item SubTotal | Description | |
|--|---|--|---|--|
| Camera Monitoring System | (8 X 45000) | \$360,000.00 | Camera Monitoring System with remote access | |
| Keyless Badge Access Systems | (19 X 12000) | \$228,000.00 | Keyless Badge Access Systems | |
| Automatic Electonic Defibrillator (AED) | (21 X 1600) | \$33,600.00 | AED units | |
| Automatic Photo Cell Wall Lighting Units | (19 X 400) | \$7,600.00 | Automatic Photocell Wall Lighting Units | |
| | | Equipment/Technology Total: \$629,200.00 | | |

D. SUPPLIES

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; handheld tape recorders; etc). **Provide a specific description for each item and explain how it supports the project goals and objectives outlined in your application.** Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the <u>program-specific Application Guide</u> for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box. Please limit your descriptions to 1000 characters.

| Item Name | Computation (# of Items/Units X Unit Cost) | Per Item SubTotal | Description |
|-----------------------------|--|-------------------------|-----------------------------------|
| Key Access Card Supplies | (5000 X 7) | \$35,000.00 | Access cards for 2500 individuals |
| | | Supplies Total: \$35,00 | 00.00 |

E. TRAVEL/TRAINING

Instructions: Itemize grant-related travel expenses of grantee personnel (excluding consultants, whose

expenses are listed in Section F) by event (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Identify the location of travel whenever possible, and show the number of staff expected to attend each event. Training fees, transportation, lodging and per diem rates for trainees should be listed as separate travel items. Grantee travel costs specific to the grant project may be based on the grantee's written travel policy, assuming the costs are reasonable. Grantees without a written travel policy must follow the established federal rates (found at www.gsa.gov) for lodging, meals, and per diem. For all grantees (with or without a written travel policy), airfare travel costs must be one of the following: the lowest discount commercial airfare, standard coach airfare, or the Federal Government contract airfare (if authorized and available). Note: Any local training costs (within a 50-mile radius) should be listed under Section G ("Other Costs").

See the <u>program-specific Application Guide</u> for a list of allowable/unallowable costs for this program.

Agencies are encouraged to limit their requests to the lines shown below and group similar items together so

that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box. Please limit your descriptions to 1000 characters.

| Event Title and Location | Event Costs | Number of Staff | Per Event Subtotal | Description |
|-----------------------------|-------------|--------------------|-----------------------|-------------|
| | | Travel/Training | Γotal: | |

F. CONTRACTS/CONSULTANTS

Instructions: See the <u>program-specific Application Guide</u> for a list of allowable/unallowable costs for the particular program to which you are applying. Please limit your descriptions to 1000 characters

1. Contracts: Provide a cost estimate for the product or service to be procured by contract. Applicants are

encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source

procurements of equipment, technology, or services in excess of \$100,000 must be submitted to the COPS Office for prior approval. (See Application Guide for more information on the required submission.)

| Contract Name | Per Contract Subtotal | Description |
|--|--------------------------------|-------------|
| School Crossing Guard Training | \$19,250.00 | |
| Installation of automatic photocell lights | \$4,750.00 | |
| AED installation | \$3,675.00 | |
| Evaluation of Technology contractor | \$12,500.00 | |
| | Contract Subtotal: \$40,175.00 | |

2. Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of \$550 per day require additional written justification and must be pre-approved in writing by the COPS Office if the consultant is hired via a noncompetitive bidding process.

| Consultant Name/Title | Service Provided | Computation (Cost X # Days or # Hours) | Per Consultant Fee Subtotal | Description |
|--------------------------|---------------------|---|--------------------------------|-------------|
| | | | Consultant Fees Sul | ototal: |

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

| Consultant Name/ Event Title | Event Costs | Number of Staff | Per Consultant Travel Subtotal | Description |
|------------------------------------|-------------|--------------------|--------------------------------------|-------------|
| | | | Consultant Travel S | ubtotal: |

4. Consultant Expenses: List all travel-related expenses to be paid from the grant to the individual consultants separate from their consultant fees and travel expenses (e.g., computer equipment and office supplies).

| Consultant Name/Title | Item(s) | Per Event Subtotal | Description |
|-----------------------|--|---|-------------|
| | | Consultant Expenses S | Subtotal: |
| Contracts/Consultants | (Contracts (F1) + Cor Consultant Travel (F3 | nsultant Fees (F2) + 3) + Consultant Expenses(F4)) | |

G. OTHER COSTS

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.**

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the <u>program-specific Application Guide</u> for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box. Please limit your descriptions to 1000 characters.

| Item Name | Computation (# of Items/Units X Unit Cost) | Per Item SubTotal | Description |
|----------------|--|----------------------|----------------------------|
| Indirect Costs | (1 X 26157) | \$26,157.00 | Indirect cost rate of 2.7% |
| | | Other Costs Total | : \$26,157.00 |

BUDGET SUMMARY

Instructions: Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, click the "Edit" button for that category. Note: Agencies applying for Secure Our Schools (SOS) must enter a "Total Local Share Amount" percentage of 50% in the designated area below. Applicants for all other Fiscal Year 2010 COPS Grants are not required to provide a local match.

| | Budget Category | | Category Total |
|---|------------------------------|----------------------------|----------------|
| Α | Sworn Officer Positions | | \$0.00 |
| В | Civilian/Non-Sworn Personnel | | \$265,350.00 |
| С | Equipment/Technology | | \$629,200.00 |
| D | Supplies | | \$35,000.00 |
| Ε | Travel/Training | | \$0.00 |
| F | Contracts/Consultants | | \$40,175.00 |
| G | Other Costs | | \$26,157.00 |
| Н | Indirect Costs | | \$0.00 |
| | | Total Project Amount | \$995,882.00 |
| | | Total Federal Share Amount | \$497,941.00 |
| | | Total Local Share Amount | \$497,941.00 |

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: | Curt Baker |
|-----------------------------------|--------------------------------------|
| Title: | Deputy Superintendent for Operations |
| Phone: | 5408532382 |
| Fax: | 5408532951 |
| Email: | |

SECTION 15A: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. The Office of Community Oriented Policing Services needs to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at 800-421-6770.

By signing this form, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

- 1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
- 2. It will comply with the provisions of federal law, which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
- 3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
- 4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
- 5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
- 6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70 (governing administrative requirements for grants and cooperative agreements); 2 CFR Part 225 (OMB Circular A-87), 2 CFR 220 (OMB Circular A-21), 2 CFR Part 230 (OMB Circular A-122) and 48 CFR Part 31.000, et seq. (FAR 31) (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the applicable COPS Application Guidelines; the applicable COPS Grant Owner's Manuals; and with all other applicable program requirements, laws, orders, regulations, or circulars.
- 7. It will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
- 8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789d); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E, G and I) of the Code of Federal Regulations.
 - A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
 - B. If your organization has received an award for \$500,000 or more and has 50 or more employees, then it has to prepare an Equal Employment Opportunity Plan (EEOP) and submit it to the Office for Civil Rights ("OCR"), Office of Justice Programs, 810 7th Street, N.W., Washington, DC 20531, for review within 60 days of the notification of the award. If your organization received an award between \$25,000 and \$500,000 and has 50 or more employees, your organization still has to prepare an EEOP, but it does not have to submit the EEOP to OCR for review. Instead, your organization has to maintain the EEOP on file and make it available for review on request. In addition, your organization has to complete Section B of the Certification Form and return it to OCR. If your organization received an award for less than \$25,000; or if your organization has less than 50 employees, regardless of the amount of the award; or if your organization is a medical institution, educational institution, nonprofit organization or Indian tribe, then your organization is exempt from the EEOP requirement. However, your organization must complete Section A of the Certification Form and return it to OCR.
- 9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
- 10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency' (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.
- 11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.

- 12. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the Paperwork Reduction Act of 1995 if required.
- 13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.
- 14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.
- 15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.
- 16. If the awarded grant contains a retention requirement, it will retain the increased officer staffing level and/or the increased officer redeployment level, as applicable, with state or local funds for a minimum of 12 months following expiration of the grant period.
- 17. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti- Lobby Act, 18 U.S.C. 1913.
- 18. In the event that a portion of grant reimbursements are seized to pay off delinquent federal debts through the Treasury Offset Program or other debt collection process, it agrees to increase the non-federal share (or, if the awarded grant does not contain a cost sharing requirement, contribute a nonfederal share) equal to the amount seized in order to fully implement the grant project.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

| Chris Perkins | 6/8/2011 |
|---|----------|
| Signature of Law Enforcement Executive/Agency Executive | Date |
| ChrisPerkins | |
| Signature of Law Enforcement Executive/Agency Executive |] |
| Chris Morrill | 6/8/2011 |
| Signature of Government Executive/Financial Official | Date |
| Chris Morrill | |
| Signature of Law Enforcement Executive/Agency Executive |] |

SECTION 15B: CERTIFICATIONS

Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Federal Taxes and Assessments; Drug-Free Workplace Requirements; and Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2 CFR Part 2867, "Nonprocurement Debarment and Suspension," Public Law 111-117 or the most recent applicable appropriations Act, 28 CFR Part 83, "Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public

Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions; and C.The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.
- 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient) As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Part 2867.20(a), the applicant certifies that it and its principals:
 - A. 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; B. 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;
 - C. 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
 - D. 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.

3. Federal Taxes and Assessments

If applicable, an applicant who receives an award in excess of \$5,000,000 certifies that, to the best of its knowledge and belief, the applicant has filed all federal tax returns required during the three years preceding the certification, has not been convicted of a criminal offense under the Internal Revenue Code of 1986, and has not, more than 90 days prior to certification, been notified of any unpaid federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

4. Drug-Free Workplace (Grantees Other Than Individuals)'

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantees/recipients, as defined at 28 CFR Part 83.660 -

- A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:
 - (i). Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (ii). Establishing an on-going drug-free awareness program to inform employees about -
 - (a) The dangers of drug (a) 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, 145 N St, NE, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant;
- (vi). Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the

Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency; (vii). Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v), and (vi).

Grantee Agency Name and Address:

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

| City of Roanoke 348 Campbell Avenue SW Roanoke, VA 24016 | | | | |
|---|--------------|----------|--|--|
| Check X if there are workplaces on file that are not identified here. | | | | |
| 5. 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. | | | | |
| Please check here if an explanation is attached to this application. | | | | |
| Please note that the applicant is still required to sign the Certifications form to certify to all the other applicable statements. | | | | |
| Grantee Agency Name and Address: | | | | |
| City of Roanoke 348 Campbell Avenue SW Roanoke, VA 24016 | | | | |
| Grantee IRS/ Vendor Number: | 54600156 | | | |
| 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. | | | | |
| Chris Perkins | | 6/8/2011 | | |
| Signature of Law Enforcement Executive/Agency Executive | | Date | | |
| C | hris Perkins | | | |
| Chris Morrill | | 6/8/2011 | | |
| Signature of Government Executive/Financial Official | | Date | | |
| C | hris Morrill | | | |

SECTION 16: Disclosure of Lobbying Activities

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup 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, 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., "RFP-DE-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 registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full names 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.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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, DC 20503.

Disclosure of Lobbying Activities

Not Applicable

ORI:

VA12300

Legal Name:

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

3. Report Type 1. Type of Federal Action: 2. Status of Federal Action: x initial filing loan bid/offer/application contract material change loan guarantee initial award grant cooperative loan insurance post-award For Material Change Only: agreement Year: Quarter: Date of Report: 4. Name and Address of Reporting 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: **Entity:** Prime Congressional District (number), if known: Congressional District (number), if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable: 16.710 **USDOJCOPS** 8. Federal Action Number, if known: 9. Award Amount, if known: \$0.00 10. b. Individuals Performing Services 10. a. Name and Address of Lobbying (including address if different from No.1 0a) (last name, first (if individual, last name, first name, MI): name, MI): Sgt. Newman, Jeffrey. O. RPD for Dr. David C. Baker, **RCPS** Registrant 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. Typed Name: Jeffrey Newman Title: Sergeant Phone: 5408532337 Date: 6/8/2011 Authorized for Local Reproduction, Standard Form - LLL Federal Use Only:

Application ID: 12402

If not applicable, then entire form, including signature area is grayed-out

SECTION 17: REVIEWS AND CERTIFICATIONS

1) Federal Civil Rights and Grant Reviews:

Please be advised that an application may not be funded and, if awarded, a hold may be placed on the award if it is deemed that the applicant 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 Department of Justice grant review or audit.

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

Please review the COPS Application Guide: Legal Requirements Section for additional information. Please check one of the following, as applicable to your agency's intended use of this grant:

| X | 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. |

3) Certification of Review and Representation of Compliance with Requirements:

The signatures of the Law Enforcement Executive/Agency Executive, Government Executive/Financial Official, and the Person Submitting this Application on the Reviews and Certifications represent to the COPS Office that:

- a) the signatories have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity;
- b) 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; the COPS Grant Owner's Manual, Assurances, Certifications and all other applicable program regulations, laws, orders, and circulars;
- c) the applicant understands 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; AND d) the information provided in this application, including any amendments, shall be treated as material representations of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

The signatures of the Law Enforcement Executive/Agency Executive and the Government Executive/Financial Officialon this application must be the same as those identified in Section 4 of this application. Applications with missing, incomplete, or inaccurate signatories or responses may not be considered for funding.

| Chris Perkins | 6/8/2011 |
|---|----------|
| Signature of Law Enforcement Executive/Agency Executive | Date |
| (For your electronic signature, please type in your name) | |
| ChrisPerkins | |
| Chris Morrill | 6/8/2011 |
| Signature of Government Executive/Financial Official | Date |
| (For your electronic signature, please type in your name) | |
| Chris Morrill | |
| Jeffrey Newman | 6/8/2011 |
| Signature of the Person Submitting This Application | Date |
| (For your electronic signature, please type in your name) | |
| Jeffrey Newman | |
| X | _ |

