

**General Instructions:**

The COPS Application Attachment to SF-424 is used in conjunction with all COPS program applications. Please ensure that you have completed all of the required sections. If a section is not applicable, please check the not applicable checkbox.

**COPS FUNDING REQUEST**

Federal assistance is being requested under the following COPS Office funding category:

Select the COPS Office funding category for which you are requesting federal assistance. Please refer to the program-specific portion of the COPS Application Guide to determine which funding category the COPS Program for which you are applying falls. Please ensure that you have read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

**\* FUNDING CATEGORIES:**

- COPS in Schools
- Tribal Programs
- Universal Hiring Program
- Community Policing Development Programs
- Targeted Programs
- Interoperable Communications Technology Program
- Secure our Schools

**APPLICANT INFORMATION**

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

\* A. Applicant ORI Number:

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

**B. General Applicant Information**

Not Applicable (If applying under Targeted Programs, please check here)

\* 1. Cognizant Federal Agency

\* 2. Fiscal Year:  \* to  (mo/day/yr)

\* 3. Population served as of the 2000 US Census

\* If the population served is not represented by U.S. Census figures (e.g., colleges, special agencies, schools, police departments, etc.) please indicate the size of the population served:

**C. Law Enforcement Agency Information**

Not applicable (If applying under Targeted Programs or Community Policing Development Programs, please check here)

\* 1. Is your agency contracting for law enforcement services?

- Yes
- No

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

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

- Yes
- No
- Not Applicable

If "Yes," please refer to the program-specific section of the COPS Application Guide for additional eligibility information. Certain COPS Tribal Programs do not allow a tribe that exclusively contracts with a non-BIA local law enforcement agency to apply for funding.

**2. Population Served By Law Enforcement Agency**

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

- Yes       No

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

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

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

**\* 3. Land Base Covered by Law Enforcement Agency (in square miles):**

Enter the number of square miles covered by the law enforcement agency. Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority. Do not list acres (1 mile = 640 acres).

**4. Current Budgeted Locally-Funded Sworn Force Strength as of the Date of this Application:**

**\* Full Time**

**\* Part Time**

Enter the budgeted locally-funded sworn force strength. The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state, Bureau of Indian Affairs, and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

**5. Current Actual Locally-Funded Sworn Force Strength as of the Date of this Application:**

**\* Full Time**

**\* Part Time**

Enter the actual locally-funded sworn force strength. The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state, Bureau of Indian Affairs, or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

**WAIVERS OF THE LOCAL MATCH**

Please refer to the program-specific section of the COPS Application Guide to determine if your agency may apply for a waiver of the local match. Certain COPS Programs do not have local matching requirements, while others do not allow applicants to apply for a waiver of the local match.

Check here if not applicable

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

Yes       No

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

## EXECUTIVE INFORMATION

*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/Program Official Information:

*Enter the law enforcement executive's name and contact information (for law enforcement agencies) or program official's name and contact information (for non-law enforcement agencies). For law enforcement agencies, this is the highest-ranking official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent). If the grant is awarded, this position would be responsible for the programmatic implementation of the award. If your agency is a "start-up" this section can remain blank.*

\* Title

Prefix  \* First Name

Middle Name

\* Last Name

Suffix

\* Agency Name

\* Street Address 1

Street Address 2

\* City

County

\* State

Province

\* Zip Code

\* Country

\* Telephone

Fax

\* E-mail

\* B. Type of Agency:

New Startup\* (please specify)

Other\* (please specify)

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

### C. Government Executive/Financial Official Information:

Enter the government executive's name and contact information (for government agencies) or financial official's name and contact information (for non-government agencies). For government agencies, this is the highest-ranking official within your jurisdiction (Mayor, City Administrator, Tribal Chairman, or equivalent). If the grant is awarded, this position would be responsible for the financial management of the award.

* Title	<input type="text"/>		
Prefix	<input type="text"/>	* First Name	<input type="text"/>
Middle Name	<input type="text"/>		
* Last Name	<input type="text"/>		
Suffix	<input type="text"/>		

* Name of Government Entity/Financial Entity	<input type="text"/>
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* Street Address 1	<input type="text"/>
Street Address 2	<input type="text"/>
* City	<input type="text"/>
County	<input type="text"/>
* State	<input type="text" value="AL: Alabama"/>
Province	<input type="text"/>
* Zip Code	<input type="text"/>
* Country	<input type="text" value="AFG: AFGHANISTAN"/>

* Telephone	<input type="text"/>
Fax	<input type="text"/>
* E-mail	<input type="text"/>

* Type of Government Entity	<input type="text" value="State"/>
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**CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS**

**Retention for COPS Hiring Grants**

**This section is applicable to applicants applying for sworn officer positions.**

*If not applying for sworn officer positions, please check here.*

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

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

**NEED FOR FEDERAL ASSISTANCE**

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

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

[Empty text box for response]

**EXECUTIVE SUMMARY**

***Please refer to the COPS Application Guide: "How to Apply" section of the program for which you are applying to determine if an Executive Summary is required as part of your application.***

Check here if not applicable

Please attach a brief summary of how your agency will use this federal funding. Be sure to include a description of how you expect this grant to impact public safety and/or crime prevention in your community. Please refer to the COPS Application Guide for clarification on specific information to include in your summary. The Executive Summary may be used to keep Congress or other executive branch agencies informed on law enforcement strategies to deter crime in your community. [Please limit your response to a maximum of 400 words.]

[Empty text box for response]

**PROJECT DESCRIPTION (NARRATIVE)**

***Please refer to the COPS Application Guide: How to Apply section of the program for which you are applying to determine if a Project Description (Narrative) is required as part of your application.***

Check here if not applicable

Please attach 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.

[Empty text box for response]

**BUDGET NARRATIVE (EXCLUDING SWORN OFFICER POSITIONS)**

*Please refer to the COPS Application Guide: "How to Apply" section of the program for which you are applying to determine if a Budget Narrative is required as part of your application.*

Check here if not applicable

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

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

**MEMORANDUM OF UNDERSTANDING**

*Please refer to the COPS Application Guide: "How to Apply" section of the program for which you are applying to determine if a Memorandum of Understanding is required as part of your application.*

Check here if not applicable

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

## OFFICIAL PARTNER(S) CONTACT INFORMATION

*Not Applicable (If your application does not require an official partner, please check here).*

An official "partner" under the grant may be a governmental or private entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. Please refer to the program-specific portion of the Guide for a complete description of partnership requirements under the grant program for which you are applying.

* Title	<input style="width: 95%;" type="text"/>		
Prefix	<input style="width: 20%;" type="text"/>	* First Name	<input style="width: 75%;" type="text"/>
Middle Name	<input style="width: 95%;" type="text"/>		
* Last Name	<input style="width: 95%;" type="text"/>		
Suffix	<input style="width: 20%;" type="text"/>		

\* Name of Partner Agency

\* Type of Partner Agency (e.g., School District)

* Street Address 1	<input style="width: 95%;" type="text"/>		
Street Address 2	<input style="width: 95%;" type="text"/>		
* City	<input style="width: 95%;" type="text"/>		
County	<input style="width: 95%;" type="text"/>		
* State	<input style="width: 95%; border-bottom: 1px solid black;" type="text" value="AL: Alabama"/>		
Province	<input style="width: 95%;" type="text"/>		
* Zip Code	<input style="width: 95%;" type="text"/>		
* Country	<input style="width: 95%; border-bottom: 1px solid black;" type="text" value="AFG: AFGHANISTAN"/>		

* Telephone	<input style="width: 95%;" type="text"/>		
Fax	<input style="width: 95%;" type="text"/>		
* E-mail	<input style="width: 95%;" type="text"/>		

**OFFICIAL PARTNER(S) CONTACT INFORMATION**

\* Title

Prefix  \* First Name

Middle Name

\* Last Name

Suffix

\* Name of Partner Agency

\* Type of Partner Agency (e.g., School District)

\* Street Address 1

Street Address 2

\* City

County

\* State

Province

\* Zip Code

\* Country

\* Telephone

Fax

\* E-mail

**OFFICIAL PARTNER(S) CONTACT INFORMATION**

\* Title

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\* Last Name

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**OFFICIAL PARTNER(S) CONTACT INFORMATION**

\* Title

Prefix  \* First Name

Middle Name

\* Last Name

Suffix

\* Name of Partner Agency

\* Type of Partner Agency (e.g., School District)

\* Street Address 1

Street Address 2

\* City

County

\* State

Province

\* Zip Code

\* Country

\* Telephone

Fax

\* E-mail

Please attach additional partner information pages, if necessary. If you attach additional pages, please ensure that these partners have also signed the Certification of Review and Compliance Page.

**CERTIFICATION OF REVIEW AND REPRESENTATION OF  
COMPLIANCE WITH REQUIREMENTS**

The signatures of the applicant's Authorized Organizational Representative (on-line applications only), Law Enforcement Executive/Program Official and Government Executive/Financial Official, and any applicable program partners on the Certification of Review and Representation of Compliance with Requirements:

- 1) Assures the COPS Office that the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; AND
- 2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

The signatures below must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date may not be considered for funding.

Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a COPS Office compliance investigation concerning a current grant award.

By signing below, I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

**Authorized Organizational Representative's Signature:**

**Date:**

**Law Enforcement Executive/Program Official:**

Prefix  \* First Name

Middle Name

\* Last Name

Suffix

**Signature:** \_\_\_\_\_ **Date:**

**Government Executive/Financial Official:**

Prefix  \* First Name

Middle Name

\* Last Name

Suffix

**Signature:** \_\_\_\_\_ **Date:**

Signing this page also assures the COPS Office that you have read, understand, and agree, if awarded, to abide by the grant terms and conditions as outlined in the Assurances and Certifications. The signed hard copy of the Assurances and Certifications should be kept in the agency's files and furnished upon request.

# Application Attachment to SF-424

OMB Number: 1103-0098

Expiration Date: 02/29/2008

<b>Official Partner(s) Signature:</b>	
Prefix <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	
Last Name <input type="text"/>	
Suffix <input type="text"/>	
<b>Signature:</b> _____	<b>Date:</b> <input type="text" value="08/13/1967"/>
Prefix <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	
Last Name <input type="text"/>	
Suffix <input type="text"/>	
<b>Signature:</b> _____	<b>Date:</b> <input type="text"/>
Prefix <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	
Last Name <input type="text"/>	
Suffix <input type="text"/>	
<b>Signature:</b> _____	<b>Date:</b> <input type="text"/>
Prefix <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	
Last Name <input type="text"/>	
Suffix <input type="text"/>	
<b>Signature:</b> _____	<b>Date:</b> <input type="text"/>
<b>GRANTS.GOV NOTE:</b>	
When applying online via Grants.gov, the Authorized Organizational Representative's signature will be the only signature submitted online. However, the Law Enforcement Executive/Program Official and the Government Executive/Financial Official signatures, as well as any applicable program partners' signatures, are MANDATORY and a hard copy of the Certification of Review and Representation of Compliance with Requirements should be kept in the agency's files and furnished upon request. Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.	

## PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to eight average hours per response, depending upon the COPS program being applied for including time for searching existing data sources, gathering the data needed, and completing and reviewing the application. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0098 and the expiration date is 2/29/2008.

## Attachments

DetailedWaiverJustification\_attDataGroup0

**File Name**

**Mime Type**

AgencyTypeAdditionalInfo\_attDataGroup0

**File Name**

**Mime Type**

ExecutiveSummary\_attDataGroup0

**File Name**

**Mime Type**

ProjectDescription\_attDataGroup0

**File Name**

**Mime Type**

BudgetNarrative\_attDataGroup0

**File Name**

**Mime Type**

MemorandumOfUnderstanding\_attDataGroup0

**File Name**

**Mime Type**

AdditionalPartners\_attDataGroup0

**File Name**

**Mime Type**