

* Applicant Legal Name: [Redacted]

ORI Code (Assigned by FBI): [Redacted] Part I: Complete if your agency is requesting full-time officers

Instructions: Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

Full-Time Officer Information.

Complete if your agency is requesting Full-Time Officers.

Part-Time Officer Information

Complete if your agency is requesting Part-Time Officers.

Please see part II of this section for information to assist you with completing the Part-Time section.

1. Cost Per Full-Time Officer - Year 1

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 1 Salary and Benefits \$ []

1. Cost Per Part-Time Officer - Year 1

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 1 Salary and Benefits \$ []

2. Cost Per Full-Time Officer - Year 2

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 2 Salary and Benefits \$ []

2. Cost Per Part-Time Officer - Year 2

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 2 Salary and Benefits \$ []

3. Cost Per Full-Time Officer - Year 3

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 3 Salary and Benefits \$ []

3. Cost Per Part-Time Officer - Year 3

Current Annual Entry-Level Base Salary \$ []

Annual Fringe Benefits:

Table with 4 columns: Benefit Name, Amount, Percentage, and Exemption/Options. Rows include Social Security, Medicare, Health Insurance, Life Insurance, Vacation, Sick Leave, Retirement, Workers' Comp., Unemployment Ins, and Other.

Total Fringe Benefits \$ []

Total Year 3 Salary and Benefits \$ []

Part II: Complete if your agency is requesting part-time officers

Note: There is a funding cap for part-time officers in proportion to the number of hours worked (e.g., 20 hours/40 hour week = .5 full-time equivalent officer. Part-time federal share cap = 0.5 x \$125,000 (maximum allowed) = \$62,500).

1. Part-time Hours: What is the average number of hours per week that your part-time COPS officer will work?
- How many hours per week is considered full-time employment?
- What is the average number of hours per year that your part-time COPS officer will work?
- What is the hourly rate for the part-time COPS officer? \$

To get the base salary amount for Part Time officers, multiply the hourly rate by the average number of hours per year that the part time COPS Officers will work.

PART III: Budget Summary (All applicants must complete this section)

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

1. If your department's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below:

- Cost of living adjustment (COLA) Step raises Changes in benefit costs Other (attach an explanation)

Attachment?:

2. Many state and municipal agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (e.g., Justice, HUD, HHS, Transportation, etc.). Please do not enter state or local auditor information. The single federal agency where such audits are sent is known as your "Cognizant Federal Agency." Please enter the name of your Cognizant Federal Agency (typically the federal agency that provides your department with the most federal funding) in the space provided. If your department does not receive federal funds, enter "U.S. Department of Justice."

3. Starting date of your fiscal year: Ending date:

4. IF NO FUNDS WERE BUDGETED FOR 1) SOCIAL SECURITY, 2) MEDICARE, 3) WORKER'S COMPENSATION, AND/OR 4) UNEMPLOYMENT INSURANCE, YOUR AGENCY MUST PROVIDE AN EXPLANATION FOR EACH OMISSION BELOW

1) SOCIAL SECURITY

2) MEDICARE

3) WORKER'S COMPENSATION

4) UNEMPLOYMENT INSURANCE

5. Please complete the following 3-year projection, showing how the federal share and your local matching share (if applicable) will change year by year for one officer. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share (if applicable) increases each year as the federal share decreases. If your total 3-year project cost per officer is \$125,000 or less, your agency does not have a local match. However, if your total 3-year project cost per officer is greater than \$125,000, then your agency's local match is the difference between the total project cost and \$125,000. If a local match is required, the federal share for the total salary and benefits must decrease each year leading to full local funding of the grant officer's position at the conclusion of the 36-month grant period. In contrast, your local match must increase each year. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officers' salaries and benefits paid with local funds must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2.

Three-year salary and benefit costs per full-time position	YEAR1	YEAR2	YEAR3	TOTAL- 3 YEARS
Federal Amount				
The Federal Share may not exceed \$125,000 (Percentage must decrease each year)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Local Amount (if applicable) (Percentage must increase each year)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total Salary & Benefits (Federal Amount plus Local Amount)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Three-year salary and benefit costs
per part-time position

YEAR1

YEAR2

YEAR3

TOTAL- 3 YEARS

Federal Amount
(Percentage must decrease each year)

\$ \$ \$ \$

Local Amount (if applicable)
(Percentage must increase each year)

\$ \$ \$ \$

Total Salary & Benefits
(Federal Amount plus Local Amount)

\$ \$ \$ \$