

**STATE OF NEW JERSEY
OFFICE OF THE ATTORNEY GENERAL**

**DETECTIVE MATTHEW L. TARENTINO
COMMUNITY POLICING GRANT**



**APPLICATION DOCUMENTS
TO BE COMPLETED
AND RETURNED**

June 2017

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL**

DETECTIVE MATTHEW L. TARENTINO COMMUNITY POLICING GRANT

APPLICATION CHECK LIST

APPLICANT: _____

INSTRUCTIONS: **The Application Checklist is a guide to file a complete application. The original (with original signatures) must be scanned and submitted via email by July 10, 2017 to: CommunityPolicingGrant@njoag.gov**

APPLICATION:

Applicant Information Form

Budget with Budget Narratives

Budget Summary

Application Authorization

Program Narrative

NOTE: **ONLY COMPLETE APPLICATIONS CAN BE PROCESSED. ALL OF THE ABOVE ITEMS MUST BE SUBMITTED WITH THE APPLICATION.**

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DETECTIVE MATTHEW L. TARENTINO COMMUNITY POLICING GRANT

APPLICANT INFORMATION FORM

Applicant:

Address:

City:	State:	Zip Code:	
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Name and Title of Chief Law Enforcement Officer:
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Street Address, City, State, Zip Code (if different from above):
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Telephone:	Ext.	Email:	Fax:
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Name and Title of Mayor/Freeholder/Trustee:

Street Address, City, State, Zip Code (if different from above):
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Telephone:	Ext.	Email:	Fax:
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Name and Title of Contact Person: <i>(Person directly responsible for project operations)</i>

Street Address, City, State, Zip Code (if different from above):
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Telephone:	Ext.	Email:	Fax:
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Name and Title of Chief Financial Officer: <i>(Person who signs financial reports)</i>
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Street Address, City, State, Zip Code (if different from above):
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Telephone:	Ext.	Email:	Fax:
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BUDGET and BUDGET NARRATIVES

Applicant: _____

Directions: Please itemize all costs. Costs must be specific and tied to the proposed program objectives. Allowable and unallowable costs are listed above. In the space provided, please complete a detailed Budget Narrative for each budget category that justifies, explains, and describes all requested costs.

A. Overtime- List each position by title and name of employee, if available. Show the overtime rate and the number of hours to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. **Overtime and fringe benefits costs cannot exceed more than 25% of your requested award (i.e. if you request \$10,000, only \$2,500 can be used for overtime and fringe costs)).**

Name/Position	Overtime Rate Per Hour	# of Hours	Overtime Amount Requested
A. Overtime Total			

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed above in category (A) and only for the percentage of time devoted to the project. Provide your agency fringe rate and rate breakdown. **When populating the table below, fringe rates must be entered in as a decimal. For example, 7.4% should be entered in as .074. If the officers do not receive any fringe benefits on overtime, enter a fringe rate of 0.**

Name/Position	Overtime Amount Requested (as listed in category A on page 3)	Fringe Rate	Fringe Amount Requested
B. Fringe Benefits Total			

B. Overtime and Fringe Benefits Budget Narrative (explain your fringe rate calculation):

C. Purchase of Services/Speakers' Fees – List each contracted for or purchased service (including speakers and professional services such as caterers, food services and vendors, rental fees, permit fees, advertising fees, and entertainment). Show the name of the provider (if known), the service to be provided, the provider's unit rate or hourly rate (*i.e.* how your agency will be billed) and the number of units to be provided or hours to be worked on the program.

Name of Provider (or TBD)	Service to be Provided	Unit Rate / Hourly Rate	# of Units / Hours on Program	Amount Requested
C. Purchase of Services/ Speakers' Fees Total				

C. Purchase of Services/Speakers' Fees Budget Narrative:

D. Consumable Supplies - Supplies are tangible personal property other than equipment. List the items by type (office supplies, postage, food, non-alcoholic beverages, training materials, copying paper, and other expendable items such as books, pamphlets, t-shirts, hats, paint *et seq.*), include a quantity, and show the cost of each unit. Generally, supplies include any materials that are expendable or consumed during the course of the program.

Item	# of Units (i.e. number of t-shirts)	Cost Per Unit	Amount requested

D. Consumable Supplies Total	
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D. Consumable Supplies Budget Narrative:

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BUDGET SUMMARY

<u>Budget Category</u>	<u>Total</u>
A. Overtime	
B. Fringe Benefits	
C. Purchase of Services/ Speakers' Fees	
D. Consumable Supplies	
Total Amount Requested:	

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DETECTIVE MATTHEW L. TARENTINO COMMUNITY POLICING GRANT

APPLICATION AUTHORIZATION

Authorization of the Applicant _____
to submit an application to and enter into an agreement with the Department of Law and Public Safety,
to receive an allocation of State funds to purchase or reimburse allowable costs associated with
community policing activities and programs under the Detective Matthew L. Tarentino Community
Policing Grant in the amount of _____.

On behalf of the Unit of Government, the undersigned certifies and agrees that:

1. The Applicant believes that a legitimate need exists for community policing efforts within the Applicant's jurisdiction. The Applicant believes that the proposed community policing activities would enhance the overall law enforcement efforts within the Applicant's jurisdiction.
2. A duly Authorized Official of the Applicant has reviewed the contents of the application, and certifies that the factual statements and data set forth in the application and attachments are true to the best of his or her knowledge and belief.
3. A duly Authorized Official of the Applicant has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds provided to purchase or reimburse allowable costs associated with community policing activities and programs under the Detective Matthew L. Tarentino Community Policing Grant; has sought and obtained legal advice from legal counsel as considered appropriate or necessary, and will be responsible for undertaking the activities described in the application.
4. A duly Authorized Official of the Applicant will ensure the Applicant will use these funds to carry out the activities specifically described in the application.
5. A duly Authorized Official of the Applicant is responsible for authorizing expenditures and disbursements of these funds.
6. A duly Authorized Official of the Applicant will ensure that the Applicant complies with any and all federal, state and municipal, statutes, regulations, circulars, policies, codes, Attorney General Guideline(s), Attorney General Directive(s), and Standard Operating Procedure(s) (SOPs) regarding the use of these funds.

8. A duly Authorized Official of the Applicant will ensure the Applicant pays all expenses and costs in excess of the State funds provided under this Detective Matthew L. Tarentino Community Policing Grant.
9. Upon request by the Department of Law and Public Safety, Office of the Attorney General, the Applicant shall provide reports relating to disbursements of State funds under this Detective Matthew L. Tarentino Community Policing Grant.
10. The Department of Law and Public Safety, Office of the Attorney General, may conduct or have a review or audit conducted of the Applicant's receipt or expenditure of disbursed funds. The Applicant agrees to cooperate with any such review or audit.
11. This Agreement is neither intended to nor does it create any rights, privileges or benefits to any third-party.

This application consists of the following additional attachments:

- Applicant Information Form,
- Program Narrative,
- Budget Detail and Budget Narratives,
- Budget Summary

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Printed Name of Authorized Official

Title (County Executive, County Manager, County Supervisor, County Board President; Mayor, Chief Executive or Village President; President, Chairperson of the Board, Chief Executive)

Signature

Date

Printed Name of Chief Law Enforcement Officer

Title

Signature

Date

PROGRAM NARRATIVE

PROGRAM TITLE:_____

APPLICANT AGENCY:_____

a. Identified Need (25 Points). *Please identify and describe the specific need for the proposed community policing program in your community, the target population to be served, the number of citizens who will receive or participate in services, and the geographic area that your proposed program will impact.*

b. Program Design and Implementation (55 Points). *Please explain your proposed community policing program in detail and indicate how it will address the identified need. Explain how the program will be implemented, how the program will have substantial law enforcement involvement, and how the program will improve or enhance police/community trust and relationships. Please provide proposed activity dates.*

c. Partnership, Collaboration, and Coordination (15 Points). *Partnerships, collaborations, and coordination with community members and groups are strongly encouraged. Describe what community organizations, groups, or individuals were consulted and/or will be involved with the proposed program and their level of involvement. If you have not, or do not intend to collaborate or partner with any community organizations, please explain why this will not be necessary for program success.*

d. Background, Experience, and Capability; Project Management and Staff (5 Points). *Please describe your police department's background and experience (if any) with police community programs, and your department's knowledge and capability to carry out the proposed program. If your department has no prior experience with police community programs, please explain why. Please also identify all program management and staff.*