

ATTACHMENT A
Massachusetts Municipal Public Safety Staffing Grant
POLICE

Pursuant to Funds Appropriated in Chapter 46 of the Acts of 2016

...provided further, that \$3,350,000 shall be transferred to the executive office of public safety and security for a competitive grant program for public safety and emergency staffing to be administered by that executive office; provided further, that the grants shall be awarded to communities that: (a) have populations of at least 60,000; and (b) demonstrate that their police or fire departments had an operating budget per capita of less than \$200 in 2010; provided further, that grant funds under this item shall only be provided to communities that submitted qualifying applications that were approved by the executive office of public safety and security in fiscal year 2016.

Name of Local Police Department: _____

Funding Requested: \$ _____

Name of Police Chief: _____
(type: first and last name)

Police Chief Phone: _____ **Email Address:** _____

Police Department Mailing Address:

Street _____ City _____ Zip Code _____

County: _____ Phone: _____ Fax: _____

Grant Contact Name: _____ **Title:** _____

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Grant Contact Mailing Address:

Same as Above Street _____ City _____ Zip Code _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Fiscal Point of Contact for Grant: Name: _____ **Title:** _____

Fiscal Contact Mailing Address:

Same as Above Street _____ City _____ Zip Code _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

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Applicants must **answer all questions in the application** in order to qualify for funding. Applicants will be required to address the following: (1) department staffing; (2) budget information; (3) calls for service and arrest data; and (4) several narrative questions.

Department Staffing

- a. Please list the total number of full time employees in your department as of the dates indicated, as well as the number of employees by rank. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	FY14 (on 7/01/13)	FY15 (on 7/01/14)	FY16 (on 07/01/15)	Authorized in FY17
Total # Sworn Officers				
Command				
Patrol				
Reserve				
Total # Civilian Employees				

- b. Please list the number of layoffs and the total number of positions eliminated (through attrition, retirement, etc.) or left open since July 1, 2013 **as of the date of this application**. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	Actual # of layoffs	Total # of open positions since 7/1/13*
Total # Sworn Officers		
Command		
Patrol		
Reserve		
Total # Civilian Employees		

* This column should contain only the number of open positions (from lay-offs and/or attrition) for which there is no funding to re-hire or hire. Do not include positions for which there is funding and you have been authorized to fill or filled via ARRA.

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2. Budget Information

a. Please list information regarding your department's budget and the total municipal budget as of the dates indicated.

	FY14	FY15	FY16	Authorized in FY17
Total City/Town Budget*				
Total Department Operating Budget				
Total Department Salaries **				
Overtime Budget (including court overtime)				

* Include your city's school budget.

** Do not include fringe or indirect costs.

3. Service and Arrest Data

a. Please provide data for the time periods indicated.

	FY2013 7/1/2012- 6/30/2013	FY2014 7/1/13- 6/30/14	FY2015 7/1/14- 6/30/15	FY2016 7/1/15- 6/30/16
Total Calls for Service				
Total Arrests				

b. Please provide data for the time periods indicated.

	FY2013 7/1/2012- 6/30/2013	FY2014 7/1/13- 6/30/14	FY2015 7/1/14- 6/30/15	FY2016 7/1/15- 6/30/16
Total Calls for Mutual Aid/ Assistance from Other Departments				

Please be advised that we will also be reviewing your Part I and II crime data submitted to the Crime Reporting Unit of the Massachusetts State Police and incorporating the data to determine awards.

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4. Narrative Questions

- a. Describe if and how changes in staffing have affected specific department functions (e.g., sexual assault, crime analysis, school resources, and investigations). Are any units disproportionately affected? Be specific. Limit your response to one page in the space below.

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- b. Describe whether or not staff reductions have affected how you allocate department resources (i.e., staff distribution). Include if and how reductions in civilian staff have affected assignment of sworn personnel. Be specific. Limit your response to one page in the space below.

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- c. Describe if and how reductions in your department's budget have affected its daily operations and ability to provide public safety services putting both the law enforcement officers and community at risk. Explain how this risk will be reduced by the funds being requested. Limit your response to one page in the space below.

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- d. Inform EOPSS if your department has received State and/or Federal funding to support staffing needs in the last 24 months. If so, please identify the funding stream(s), funding amount, number of positions, and duration of the award. Limit your response to one page in the space below.

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- e. Please provide any additional information that will help support your department's need for these funds. This could include any additional staffing reductions or service reductions as a result of budget cuts authorized in FY2017. Limit your response to one page in the space below

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THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR COMPLETED APPLICATION!

Signature Page

The following must be completed and signed by the Mayor of behalf of the Municipal Department submitting this application.

As the Mayor of this City, I am authorizing the Police Department to apply for funding for a Massachusetts Municipal Public Safety Staffing grant from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of a grant award.

Name of City _____

Name of Police Department _____

Mayor's Name-Printed _____ Date _____

Mayor's Signature _____

*(this must be signed in **blue ink** and mailed with your application)*

Submission Protocol

Submit electronically (1) PDF version of the completed UNSIGNED application (Attachment A) to eopssmunistaffing@state.ma.us by the application deadline stated below.

ALSO

Mail (1) signed original and (1) additional copy of the signed completed (Attachment A) application (along with Attachments C – E) to:

Office of Grants and Research
Ten Park Plaza, Suite 3720
Boston, MA 02116
Attention: Kevin Stanton

Applications must be completed and received by the Office of Grants and Research by **4:00 p.m., Friday, October 28, 2016**. Late submissions will not be accepted.