

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
**Attachment A**  
**Body-Worn Cameras Program Application Template**

**Section I. Applicant Template Information**

Name of Law Enforcement Agency: \_\_\_\_\_

Total Funding Requested: \$ \_\_\_\_\_

Name of Signatory: \_\_\_\_\_  
(First and Last Name)

Signatory Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Law Enforcement Agency 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)

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Civil Rights Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fiscal Point of Contact for Grant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Fiscal Contact Mailing Address:**

Same as Above

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

**Program Summary:** Four sentences (250 characters *maximum*), summarizing the goods (equipment and/or technology) to be purchased and the body-worn camera program activities.

**Related Requirements/Assurances:**

**Mandatory Wear Policy**

If awarded grant funds to purchase body-worn cameras for implementation of a body-worn camera program, applicants must certify that their agency has/will have a written "mandatory wear" policy in effect no later than 6 months after execution of the award contract. A copy of the policy must be submitted when final.

**Collective Bargaining Approval**

Applicants must provide a letter of commitment/documentation from their agency's union, that the department has collective bargaining approval to implement a body-worn camera program requiring a "mandatory wear" policy. Documentation must be submitted no later than 6 months after execution of the award contract.

**Program Operating Expenses and Notice to District Attorney**

Applicants must certify, via signature below, that the department will absorb BWC program operating/non-capital expenses that are outside the scope of the grant (i.e., program staffing; video storage fees; IT set up/maintenance) and has notified their District Attorney's Office of intent to implement or expand a BWC Program.

**Acadis Training Records**

Applicants must certify, via signature below, that their department's Acadis training records are up to date in the MPTC Acadis Training Portal. MPTC will verify compliance.

**Signature of Official**

*The following must be completed and signed by the Senior/Municipal Department Official for the Law Enforcement Agency submitting this application in acknowledgment of the project requirements.*

**As the [Senior/Municipal Department Official](#) for the law enforcement agency for this City/Town, I am requesting funds for a Body-Worn Camera Program grant award 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 funding and I agree to the required program requirements listed above.**

Law Enforcement Agency: \_\_\_\_\_

Senior/Municipal Department Official Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Section II. Narrative Template

### 1. Needs Assessment (2 page limit)

*Use the space provided to 1) describe the community and law enforcement agency/department to benefit from this application, 2) describe in detail the current law enforcement unmet equipment and/or technology type needs. Include relevant statistical and/or anecdotal evidence whenever possible to justify the items being requested, such as providing data that shows an increase in violent crime activity in the target area, and without the equipment/technology being requested, such issues cannot be addressed appropriately or safely, 3) the sources or methods used for assessing the problem should also be described, 4) describe any negative effect, potential consequences or impact against the agency/department and/or community as a result of not having the items being requested and 5) department-specific information (see p. 5-6 of solicitation for details).*



## ***Section II. Narrative Template, Continued***

### **2. Project Description (3 page limit)**

*Use the space provided to 1) clearly describe all equipment and technology to be purchased. Include the purpose, where the goods will be used/stored, who will utilize or be responsible for the upkeep, monitoring and maintaining such goods, etc., 2) discuss how such purchase(s) directly correlate to the needs assessment provided, 3) cite any state or local procurement rules/regulations required in order to purchase the items as described. If known, include information as to the vendor that will be utilized for stated project and/or describe the process utilized to select vendor/contractor, 4) describe the expected benefit (outcome) for the law enforcement department and target community as a result of receiving a grant award, and 5) include other required, relevant information (see p. 6 of solicitation for details).*

*Section II. Narrative Template, Continued*

*Section II. Narrative Template, Continued*

**3. Implementation Plan, Timeline and Person Responsible**

*Complete this table as outlined. Please discuss your management and implementation plan for this award. This should include how you will ensure the effective implementation and oversight of the project, methods of procurement (if not previously mentioned) of equipment and/or technology, a timeline with key activities and milestones, and identification of key partnerships or stakeholders who will play a role in the implementation of this award.*

| Equipment/<br>Technology Purchases<br>Key Activities | Milestones/Date Range<br>of Initiation of Activity | Delivery/Completion Date | Title of Person<br>Responsible |
|--|--|--------------------------|--------------------------------|
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#### 4. Budget Narrative Summary

Applicants may submit an operating budget for up to 12 months. The budget narrative shall provide a justification on the basis of each proposed cost category in the budget and how the cost supports the goals and objectives of the proposed project(s) as reflected in the **Budget Worksheet (Attachment B)**. Please describe each cost category, the amount requested for the category, and the purpose of the cost/purchase. All costs must be justified in this section.