	ATTACHMEN	IT A	
Massachusetts	Municipal Publ	ic Safety Staf	fing Grant
	POLICE		
Name of Local Police Department:			
Funding Requested: \$			
Name of Police Chief:			
Police Chief Phone:	E	mail Address:	
Police Department Mailing Address:			
StreetCity	Zip	Code	
County: Phone	e:	Fa	ax:
Grant Contact Name: (Note: The person designated as the <i>Grant</i> Originated as the <i>Grant</i> Origin		s the project's p	
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:			
Phone: E-mail:		Fax:	
	l Attachment A		

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.

	FY19 (on 7/01/18)		FY20 (on 7/01/19)		FY21 (on 07/01/20)		Authorized in FY22				
Total # Sworn Officers											
Command											
Patrol											
Reserve											
Total # Civilian Employees											

- b. Please list the number of police recruits currently in the police academy:
- c. Please list the number of layoffs and the total number of positions eliminated (through attrition, retirement, etc.) or left open since July 1, 2018 **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 <i>layoffs</i>		Tota position	open 27/1/18*		
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 rehire or hire. Do not include positions for which there is funding and you have been authorized to fill or filled via ARRA.

#### 2. Budget Information

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

	FY19	FY20	FY21	Authorized in FY22
Total City/Town Budget*				
Total Department <i>Operating Budget</i>				
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.

	FY2018 7/1/2017- 6/30/2018	FY2019 7/1/18- 6/30/19	FY2020 7/1/19- 6/30/20	FY2021 7/1/20- 6/30/21
Total Calls for Service				
<b>Total Arrests</b>				

#### b. Please provide data for the time periods indicated.

	FY2018	FY2019	FY2020	FY2021
	7/1/2017-	7/1/18-	7/1/19-	7/1/20-
	6/30/2018	6/30/19	6/30/20	6/30/21
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.

#### 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.

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.

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.

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.

### ATTACHMENT A

# Massachusetts Municipal Public Safety Staffing Grant

# POLICE

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 FY2022. Limit your response to one page in the space below

#### ATTACHMENT A Massachusetts Municipal Public Safety Staffing Grant POLICE 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 <u>Mayor</u> 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-PrintedDate								
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 application (Attachment A) along with Attachments C- E to <u>emily.fontaine@mass.gov</u> by the application deadline stated below. ALSO								
<b>Mail or Hand Deliver</b> (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-A Boston, MA 02116 Attention: Emily Fontaine								
Electronic applications must be completed and received by the Office of Grants and Research by <b>4:00 p.m.</b> , <b>Wednesday October 27, 2021</b> and hard copy submissions must be received (by U.S. mail or hand delivered) by this date. Late submissions will not be accepted.								