

Protective Body Armor Fund (BARM)

PS § 4-107
HB 325 / Ch. 311, 2006

MSAR # 5650

September 1, 2010

Submitted by: Governor's Office of Crime Control & Prevention
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Governor's Office of



CRIME CONTROL & PREVENTION

300 E. Joppa Road, Suite 1105 - Baltimore, Maryland 21286-3016
410-821-2828 TOLL FREE: 1-877-687-9004 FAX 410-321-3116
E-Mail Address: INFO@GOCCP-STATE-MD.ORG

Martin O'Malley
Governor

Anthony Brown
Lt. Governor

Kristen Mahoney
Executive Director

September 1, 2010

The Honorable Martin O'Malley
Office of the Governor
State House
100 State Circle
Annapolis, Maryland 21401-1991

Dear Governor O'Malley:

As required under Public Safety Article § 4-107, please find the enclosed report that summarizes the activities for Fiscal Year 2010 of the Protective Body Armor Fund (BARM) which was established during the 1995 Legislative Session. The intent of this fund is to assist local law enforcement agencies in acquiring protective body armor for police officers or to replace aging body armor.

Grant funds were available to local law enforcement agencies of all Maryland counties and incorporated cities or towns. A total of 158 vests were purchased. During that fiscal year, approximately \$50,000 was awarded to purchase protective body armor for seven (7) Maryland police agencies. The Governor's Office of Crime Control and Prevention is pleased to administer funding for such a worthy program.

Sincerely,

Kristen Mahoney
Executive Director

cc: The Honorable Thomas V. "Mike" Miller
The Honorable Michael Busch
Eloise Foster, Secretary, Department of Budget and Management
Karl Aro, Department of Legislative Services
Sarah Albert, Department of Legislative Services



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Protective Body Armor Overview Fiscal Year 2010

The Protective Body Armor Fund was established by House Bill during the 1995 Legislative Session. In 2005, the Maryland State Police transferred the program to the Governor's Office of Crime Control and Prevention (GOCCP) to administer the state funds, which are available only to local law enforcement agencies of any county, incorporated city or town, including Baltimore City. State agencies are not eligible for this funding.

The purpose of the funding is to assist local law enforcement agencies to acquire protective body armor for each police officer or to replace body armor at least every ten years or sooner, if testing indicates a need. The intent is to financially ease the burden for local law enforcement agencies to acquire protective body armor for each police officer. Body armor purchased with these funds must conform to the National Institute of Justice (NIJ) Standard 0101.03 (or the current edition) and V-50 ballistic testing requirements.

No single award shall initially exceed ten percent of the total aid budgeted for any fiscal year. Any funds remaining after the initial allocation may be distributed by GOCCP in accord with provisions of the authorizing statute. The total amount of state funds available for this program during FY 2010 was \$50,000, which was all awarded.

The program requires that a law enforcement agency must first expend funds for acquiring or replacing protective body armor from its own sources. The amount spent must at least be equal to the amount of State aid awarded from the fund. Funds received under this program must be used as an addition to, and may not be substituted for moneys appropriated from sources other than the Protective Body Armor Fund (BARM).

GOCCP developed an application process and all eligible agencies were informed of the availability of the funds through the GOCCP Internet site at <http://www.goccp.maryland.gov/> where a Notice of Funds Availability was posted. Re-applying grantee's were also notified by e-mails. Applications were reviewed and evaluated by GOCCP personnel for conformity to eligibility criteria and, to date, all eligible agencies that have applied were awarded partial funding.

Included in this report are tables showing the distribution of the BARM funds by receiving agencies; and a breakdown of the vests distributed to each agency. Also included is a copy of the Notice of Funding Available (NOFA)/Application Guidance Kit (see Attachment A).

Protective Body Armor Funding Overview

Applicant Agency	Number of Sworn Officers (2008 Uniform Crime Rpt)	Total Number of Vests Requested	Total Number of Vests Purchased	Award Amount
Baltimore Co. Police Dept.	1,896	191	56	\$ 14,616
Cambridge Police Dept.	46	4	4	\$ 2,900
Charles Co. Sheriff's Office	290	72	46	\$ 10,166
Dorchester Co. Sheriff's Office	38	61	12	\$ 9,592
Hagerstown Police Dept	103	22	8	\$ 2,960
Hurlock Police Dept.	7	2	2	\$ 1,000
Washington Co. Sheriff's Office	94	54	30	\$ 7,800
Totals		406	158	\$ 49,034

GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION

**Notice of Funding Available:
Body Armor Grant (BARM) 2010**



Submission Deadline: Tuesday, June 16, 2009

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016
(410) 821-2828
Info@goccp-state-md.org

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Kristen Mahoney, GOCCP Executive Director

ELIGIBILITY

To be considered eligible for the BARM Program, each applicant must be a Local Law Enforcement Agency, meaning a police department or sheriff's office of a county or municipal corporation in the State of Maryland. State agencies are not eligible for these funds.

IMPORTANT NOTES

Applicants are required to apply for grant funding through the GOCCP online application process located on the GOCCP website www.goccp.maryland.gov. From the GOCCP homepage, look for the section entitled "Notices of Funding Availability" and click on the **Body Armor Grant (BARM)** heading. From there, you will be able to access instructions regarding the GOCCP grant application process.

All application documents must be submitted to GOCCP no later than 3:00 PM on Tuesday, June 16, 2009.

GETTING STARTED

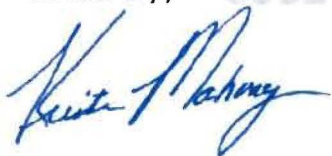
We are pleased to offer the **Body Armor Grant (BARM)** through the **Governor's Office of Crime Control & Prevention (GOCCP)**. We are looking for sub-recipients that fit the BARM Strategy and the core values and priority areas of GOCCP. With BARM funds, we intend to equip and protect the lives of law enforcement officers who risk their safety for the safety of Maryland's citizens.

I hope our office becomes a valuable resource for your organization as we strive to deliver our services in a customer friendly fashion. If you need application assistance, contact Linda Brookes at 410-821-2846 or Linda@goccp-state-md.org

GOCCP success is measured by sub-recipient success. It is critical that we hear from you, our customers. To share your ideas of how GOCCP can serve you better, email us at info@goccp-state-md.org.

We look forward to working with you.

Sincerely,



Kristen Mahoney
Executive Director
Governor's Office of Crime Control & Prevention

Governor's Office of Crime Control & Prevention Mission:

GOCCP exists to educate, connect, and empower Maryland citizens and public safety entities through innovative funding and results-oriented customer service that seeks, supports, and promotes best practices for the safety of Maryland's communities.

I. PURPOSE

The purpose of the BARM Program is to help local law enforcement agencies acquire protective body armor for their police officers and to replace protective body armor at least every 10 years, or sooner, if testing indicates a need for replacement.

Funding for the BARM 2010 program is appropriated by the Maryland State Legislature. Monies awarded under this program may be combined with Federal Funds.

II. BACKGROUND

In response to concerns from the law enforcement community, the Department of Justice (DOJ) announced in 2003 an initiative to address the reliability of body armor used by law enforcement personnel and to examine the future of bullet-resistant technology and testing. As part of this initiative, the National Institute of Justice (NIJ) was examining Zylon®-based bullet-resistant vests (both new and used) and reviewing the existing process by which bullet-resistant vests are certified. It was concluded in a 2004 report to the Attorney General that ballistic-resistant material, including Zylon®, can degrade due to environmental factors thus reducing the safety margin the manufacturers build into their armor. It was also noted that upgrade kits tested did not appear to bring used armor up to the level of performance of new armor. However, used armor with upgrade kits performed better than used armor alone. **Applicants may not purchase any ballistic or stab resistant vests that contain Zylon®.**

III. ELIGIBLE EXPENDITURES

Protective Body Armor means: a vest or similar article that is designed to be worn to protect against blunt force trauma associated with the impact of a firearm projectile and manufactured of bullet resistant fabric that conforms to National Institute of Justice (NIJ) Standard 0101.03 (or the current edition) and V-50 ballistic testing requirements.

Stab resistant armor should provide protection against injury from penetration by knives, edged weapons, and sharp-pointed weapons while ensuring that the movement of the wearer is not unduly restricted.

IV. MATCHING FUNDS REQUIREMENT

A 50% cash match is required. For example, if you are requesting \$500.00 you must provide a match of \$500.00. Your total purchase for vests would be \$1,000.00. **Please indicate how the cash match will be provided by your agency in your narrative.**

All state and matching funds must be liquidated within the period of the award. BARM funds are for a one-year period that starts 7/1/2009 and ends 6/30/2010. Unspent funds will revert to the Governor's Office of Crime Control & Prevention.

V. WHAT AN APPLICATION MUST INCLUDE

PROJECT TITLE

The project title should be brief, precise, and reflect what is being purchased. For example, "New/Replacement Vests", "Soft Body Armor", or "Replacement Armor".

PROJECT SUMMARY

The Project Summary provides a concise summary of your proposal in 100 words or less. Because the BARM program funds a very specific service, (purchasing vests) GOCCP would like to make writing the project summary as simple and consistent as possible. Use the following template for your project summary:

The Implementing Agencies¹ New/Replacement² Vests/Armor³ program provides increased safety for the agency's sworn officers.⁴ Manufacturer's specifications require that bulletproof vests and body armor need to be replaced every five years in order to ensure the wearer's safety. Program funds provide __#⁵ vests for sworn personnel.

You will need to make the following five additions/changes to the template:

1. The beginning of the first sentence contains the Agency name.
2. The project title should reflect whether the vests are for new vests, replacement vests, or both.
3. Chose either vests or armor based on what is being purchased.
4. For the first sentence, substitute the proper title (i.e., deputies, lab technicians, etc., instead of officers).
5. Provide the total quantity of vests procured by the program (grant+match funds).

PROGRAM NARRATIVE

In a four-section, outline-styled format (retaining numbering, lettering, and headers below) provide the following information:

1. Problem Statement

Describe the Scope of problem and provide any available data and problem analysis that describes the nature and scope of the problem that the grant program will address.

2. Goals, Objectives, and Performance Measures

Outline specific goals, objectives, and performance measures for the program you are seeking to fund. GOCCP requires all BARM applicants to describe how the requested funding will assist in meeting these goals.

3. Strategy, Timeline, Spending Plan

Provide an overview of the strategy to be employed and the timeline for implementing the strategy. Detail the timeline for the implementation of each budget line item.

4. Demonstrated Need for Funding

This section outlines the required information for a complete narrative. Applicants are asked to use the headings listed below in their outline to identify each section. Please include any existing relationships with neighboring jurisdictions that will assist in successful implementation/utilization. This section is very important.

a. Number of Violent Crime Incidents

The number of violent crime incidents committed within the jurisdiction of the local law enforcement agency for the last two years.

b. Current Sworn Officers

The current number of sworn officers.

c. Current Sworn Officers without Body Armor

The current number of sworn officers not issued protective body armor.

d. Body Armor History

The number and age of protective body armor units currently in use by the local law enforcement agency.

e. Body Armor Request

The number of protective body armor units requested:

- i. For officers not currently assigned protective body armor and
- ii. For officers assigned protective body armor in need of replacement due to age or wear.
- iii. Any other information that the state agency considers necessary to make grants for protective body armor.

f. Body Armor Anticipation for Two Years

Applications should reflect the number of vests your agency anticipates to replace within the next two years, and vests for officers your agency anticipates hiring in the next two years. New hires can be anticipated based on the average number of officers hired over the most recent three years.

BUDGET INFORMATION

A detailed budget is required and must include:

- a. Budget Summary
- b. Budget Details/Justification
- c. Cash Match Required.

VI. APPLICATION PROCESS

Applicants are required to apply for grant funding through the GOCCP online application software, which is located on the GOCCP website; www.goccp.maryland.gov. From the GOCCP homepage, look for the section entitled **Notices of Funding Availability (NOFA)**. Click on the link, Body Armor Grant (BARM) 2010. From there, you will be connected to a page from which you will be able to access instructions regarding the GOCCP grant application process. You will be required to download and install the grant application software in order to complete this process.

The grant application software contains a built in help file. Additionally, there are detailed instructions for installing and using the online application software; from the BARM NOFA page select [Fast View/Print Technical Instructions \(html\)](#). If you require technical assistance with downloading, installing, or running the online application software you may contact the GOCCP IT Department at 410-821-2828.

In order to use the GOCCP application software, you must have an Organization Number.

- If you are able to apply directly for funding, use your GOCCP Organization Number.
- Otherwise, if you are required to pass grant applications through your Executive Office, Mayor's Office, Board of Commissioners, etc., you will apply using their GOCCP Organization Number.

If you do not know what your organization number is, you may request it by sending an email to changes@goccp-state-md.org. The last day to apply for an organization number is June 8, 2009.

Please indicate that you are applying for the Body Armor Grant (BARM) program by selecting the **Body Armor for Local Law Enforcement** Radio Button. **In addition to the online submission, you must submit one (1) hard copy original** (generated by the online software application and bearing original signatures in blue ink for the certifications and anti-lobbying documents) and **two (2) additional copies of the application**. If you need assistance completing the online application, please contact Linda Brookes at 410-821-2846. All of the aforementioned documents must be submitted to GOCCP no later than 3:00 PM on June 16, 2009

VII. REVIEW PROCESS

All proposals under this solicitation are competitive and subjected to review. Applicants should demonstrate a strong need for funding and provide justification how they will meet the cash match requirement. GOCCP staff will make recommendations to the Executive Director. The Executive Director makes final award decisions.

A. Rating Scale

GOCCP will score the application using the following rating scale:

0-50 points = Non-Responsive

51-60 points = Poor

61-70 points = Fair

71-80 points = Good

81-90 points = Very Good

91-100 points = Excellent

B. Specific strategies and initiatives to be used

- The submission of a detailed budget, to include not only how grant funds will be spent, but reasonable projections as to when funds will be spent
- Specific goals, objectives, and performance measures associated with the award

C. Reasons for rejection

GOCCP may reject applications that are incomplete, do not respond to the scope of the NOFA, do not comply with format requirements, or are submitted after the deadline. No additions to the original submission are allowed.

VIII. PROGRAMMATIC REPORTING REQUIREMENT

Effective July 1, 2008, sub-recipients receiving BARM funds are required to submit fiscal and programmatic reports on a **semi-annual basis**. These reports include the financial report, request for funds, performance measures, and progress reports. The semi-annual reports are due December 31st and June 30th of any calendar year. Furthermore, a Final Report is due 30-calendar days after the end of the award period. These reports must include the expenditure of any program funds, and matching funds. Matching funds must be reported anytime grant funds are expended. In addition, the sub-recipient must submit a copy of the receipts from the purchase of the body armor with the reports in order to receive reimbursement.

IX. APPLICATION WORKSHEET

GOVERNOR'S OFFICE OF
CRIME CONTROL & PREVENTION

Grant Application Form

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016

Telephone: (410) 821-2828
E-mail: info@goccp-state-md.org

This document can be downloaded from our web-site:
www.goccp.maryland.gov

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Kristen Mahoney, Director
Governor's Office of Crime Control & Prevention
Notice to All Applicants:

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's (GOCCP) function under executive order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. Within specified time periods, you have the right to inspect, amend, and correct this information. GOCCP may permit inspection of this information, or make it available to others, only as permitted by federal and State law. GOCCP may sell or provide a list of grant applicant names and addresses to professional associations and other entities. Under the Maryland Public Information Act (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing that your name be omitted from such lists. Please send those requests to GOCCP, 300 E. Joppa Rd. Suite 1105, Baltimore MD 21286.

Grant Application

CHECKLIST

- General Instructions
- Face Sheet
- Project Summary/Narrative
- Project Budget
- Audit Requirements
- Civil Rights Requirements
- Certified Assurances
- Certification Lobbying - Drug Free Workplace

Applicant is required to submit an electronic copy through the GOCCP online application software, an original hardcopy (generated by the online software), and two (2) copies to the address on the front of this packet. Fax/Email Submissions will not be accepted.

A. Face Sheet Instructions

1. **DATE APPLICATION SUBMITTED**
Date that all required hard copies and electronic submission are submitted to GOCCP.
2. **REQUESTED FUNDING PERIOD**
Please select "Only Year" in your electronic application.
3. **PROPOSED PROJECT DATES**
The funding period will begin on July 1, 2009 and end on June 30, 2010.
4. **NAME OF APPLICANT**
The unit of local government (county, city, town, township) or State agency that is eligible to apply for the grant (See Program Specific Instructions for Eligible Applicants). Please indicate Applicant's federal identification number on line provided. The applicant's organization ID # is required to apply online.
5. **ORGANIZATION TYPE**
Indicate the appropriate designation. (This will be filled in automatically in your online application.)
6. **FEDERAL ID#**
This number MUST be included (filled in automatically in your online application).
7. **AUTHORIZED OFFICIAL**
The name of the chief elected official, or other legally authorized official, of the jurisdiction, county agency or organization who accepts the grant award if approved.
8. **PROJECT TITLE**
Assign a brief descriptive project title (refer to page 3 of this NOFA).
9. **IMPLEMENTING AGENCY/ORGANIZATION**
The name of the agency/organization that will have responsibility for the actual operation of the project.
10. **DISTRICT AND COUNTY**
The congressional and legislative districts and the county in which the service is actually delivered.
11. **PROJECT DIRECTOR**
The name, telephone number, title, address and e-mail address of the person who will be responsible for oversight and administration of the project on behalf of the applicant.
12. **FISCAL OFFICER**
The name, telephone number, title, address and e-mail address of the person who will be responsible for financial reporting and record keeping for the project.
13. **FUNDING SUMMARY**
This represents the totals taken from the Budget Detail Categories; the splitting of costs to indicate the proper ratio between federal funds and local cash match.
14. **SERVICE SITE**
Provide the name, address, congressional and legislative district and county for the location your project will actually take place. If the program will take place at more than one location, please enter complete information for each site (up to five). If the application is for a program that has statewide or countywide impact, please enter "statewide," or "countywide" under the service site column. Each service site entry must include a county and municipality.

Face Sheet:

Body Armor Grant Program (BARM)

1. **Date Application Submitted:** _____
2. **Requested Funding Period:** Application is for **Only** ☐ year of funding.
3. **Proposed Project Dates:** Start Date: _____ End Date: _____
4. **Name of Applicant:** _____
Address: _____
5. **Organization Type:** State Government ____ Local Government ____
6. ***Federal ID # (EIN#)** _____
7. **Authorized Official:** _____ Title: _____
8. **Project Title:** _____
9. **Implementing Agency/Organization:** _____
10. **District/County:** Congressional District _____ State Legislative District _____ County _____
11. **Project Director:** _____ Title: _____
Organization: _____
Address: _____

Phone: _____ Fax: _____ E-Mail: _____
12. **Fiscal Officer:** _____ Title: _____
Organization: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
13. **Funding Summary:**

Federal Funds	\$	_____
Cash Match	\$	_____
Total Project Funds	\$	_____

14. Service Site:

Provide the name, address, congressional and legislative district and county **for the location(s) your project will actually take place.** If the program will take place at more than one location, please enter complete information for each site (up to five). If the application is for a program that has statewide or countywide impact, please enter "statewide," or "countywide" under the service site column. Each service site entry must include a county and municipality.

Example:

Location One

Congressional District: **1st**
Legislative District: **8A**
Location: **Anytown Police Department**
Address: **123 Main Street**
Some City, MD 21000

County:
Municipality:

Location Two

Congressional District: **2nd**
Legislative District: **5A**
Location: **Anytown Sheriff's Office**
Address: **795 Main Street**
Some Other City, MD 21030

County:
Municipality:

B. Project Summary/Narrative

1. Summary

The Project Summary provides a concise summary of your proposal in 100 words or less. The format for the project summary is explained on page 4 of this NOFA.

2. Narrative

The narrative should not exceed 12 typewritten pages. The contents for the narrative are explained on pages 4-5 of this NOFA.

C. Budget

1. Budget Summary

Summary (Tab A)

Complete the below table by entering the totals from budget tab F. Enter the totals from all expenditure categories in the application spaces. The grand total must correspond to the total projected costs. Round all amounts to the nearest whole dollar.

BUDGET SUMMARY

Expenditure Category	Federal Fund Request	State Cash Match	Local Cash Match	Private Funds	In-kind Match	TOTAL
B. Personnel						
C. Operating Expenses						
D. Travel						
E. Contractual Services						
F. Equipment						
G. Other						
GRAND TOTAL:						

2. Budget Details

This section of the grant application includes a table for each major budget expenditure. Each table is on a separate page. Please itemize and explain project expenditures.

EQUIPMENT (TAB F)

Equipment costs may include taxes, delivery, installation and similarly related charges. The value of trade-ins and discounts should be shown as a deduction. Inventory records must be maintained for equipment that is acquired. Expenditures must be consistent with applicable local jurisdictions' procurement guidelines.

EQUIPMENT (Tab F)

Equipment Item	Cost/Unit	Quantity	TOTAL
GRAND TOTAL:			

Justification/Explanation for EQUIPMENT:

D. Audit Requirements

(You may obtain this information from your organization's Fiscal Department)

Indicate the following dates:

1. Last audit took place _____
2. Period of time covered by last audit was from _____ to _____
3. Next audit is scheduled for _____
4. Period of time to be covered by the next audit is from _____ to _____
5. Next audit will be forwarded to cognizant Audit agency on _____
6. Indicate the designated federal cognizant agency _____

You must submit along with this application, copies of audit findings and management letters (if any) from the most recent audit, together with a copy of the corrective plan of action. Alternatively, you must certify in a letter signed by the agency head and CFO, that there were no findings or management letter.

E. Civil Rights Requirements

1. Civil Rights contact person
2. Title/Address
3. Telephone number
4. Number of people employed by the organization unit responsible for implementation of this grant

F. Certified Assurances

THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.

2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.

3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.

4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.

5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require to administer the program.

6. It will comply, and all its subgrantees and contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; and 42 USC 3789(d); Title VI of the Civil Rights Act of 1964, as amended; Sec 504 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities ACT (ADA) of 1990; Title IX of the Education amendments of 1982; the Age Discrimination Act of 1975; the Department of Justice Nondiscrimination Regulations 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice Regulations on disability discrimination, 28 CFR Part 35 and Part 39.

7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.

8. That if required to formulate an Equal Employment Opportunity Program (EEOP), in accordance with 28 CFR 42.301 et. seq., it will maintain a current one on file. Further, the Grantee will submit a certification to the Governor's Office of Crime Control & Prevention that it has a current EEOP on file, which meets the applicable requirements.

9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's Financial Guide for Grants.

10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreements.

CERTIFICATION

I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.

Signature of Authorized Official

Date

Typed Name and Title

G. Certification Regarding Lobbying



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of

embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

2. Application Number and/or Project Name:

3. Grantee IRS/Vendor Number:

4. Typed Name and Title of Authorized Representative:

5. Signature:

6. Date:

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