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| **JAG Violent Crime Prevention**  **Project Narrative**  **Grant Period: April 15, 2015-December 31, 2015**  **Date Due to OPM: March 4, 2015** |

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| **Instructions** |
| * Before beginning to fill out your JAG 2015 VCP Grant Project Budget, please read and review the [Grant Application Rules and Requirements](http://www.ct.gov/opm/lib/opm/cjppd/jag_vcp/jag_vcp_application_requirements.docx) document which outlines the intent of the grant program and addresses allowable and unallowable costs. * The **due date** for the JAG 2015 VCP application is **March 4, 2015** * The project narrative document must be completed, **signed** and **dated** as indicated under Applicant Information. * Once completed, please convert your completed project narrative document to **PDF format**. * Please attach the completed project narrative PDF document, along with the other required grant application PDF documents as one "master" e-mail submittal and send the single e-mail to: [**JAG2015Local.opm@ct.gov**](mailto:JAG2015Local.opm@ct.gov) |

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| **Applicant Information** |
| Applicant Name: |
| Town: |
| Signature of **JAG 2105 VCP Grant Manager:** |
| Date: |

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| **OPM CONTACT** |
| **If you have any questions on the project narrative, please contact:** |
| Stephen Moniz [Stephen.Moniz@ct.gov](mailto:Stephen.Moniz@ct.gov) |
| **If you have questions concerning the submission process or accessing the grants portal:** |
| Nichole LaBonte [Nichole.LaBonte@ct.gov](mailto:Nichole.LaBonte@ct.gov)  John Forbes [John.Forbes@ct.gov](mailto:John.Forbes@ct.gov) |

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| **Please Provide the Following Information on your police departments use of Police Body Worn Cameras** | |
| **Question** | **Response** |
| Please indicate the number of existing body –worn cameras that are in use at your police department. |  |
| Please indicate the number of officers currently using body-worn cameras. |  |

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| **Programs**  **(Questions 1-5)** |

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| 1. **Indicate the types of programs you plan to implement. (Check all that apply)** | |
|  | Community Policing Strategies |
|  | Response to Gun Crime and Shootings |
|  | Response to Gang Crime |
|  | Response to Domestic Violence |
|  | Response to Sexual Assault |
|  | Response to Felony drug Crime |
|  | Response to Mentally Ill Offenders |

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| 1. **Please briefly explain how the activities will address violent crime? Describe purpose of activities and expected outcome.** |
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| 1. **Do you plan to hold an event using the JAG funds?**   **(Examples Include: Safe streets operations, community outreach campaigns)** | |
| **Yes** | **No (Skip to next section)** |

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| 1. **What types of events do you plan for the grant period?** | | |
| **Check All that Apply** | **Event** | **Topic** |
|  | Community Outreach |  |
|  | Educational Events |  |
|  | Media Campaign |  |
|  | Community Meetings |  |
|  | Citizen Police Academy |  |
|  | Other |  |

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| 1. **Please provide a brief explanation of the anticipated events?** |
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| **Personnel**  **Questions (6-8)** |

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| 1. **Do you plan to use JAG funds to support overtime hours?** | |
| **Yes** | **No (Skip to next section)** |

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| 1. **Indicate the type of position supported with overtime hours using JAG funds. Briefly State the purpose of the overtime.**   **(Examples Include: Attend training, surveillance operation, special patrol, citizen academy)** | | |
| **Check All That Apply** | **Position Title** | **Purpose of Overtime** |
|  | Police officer |  |
|  | Corporal |  |
|  | Detective or Investigator |  |
|  | Sergeant |  |
|  | Lieutenant |  |
|  | Captain |  |
|  | Major |  |
|  | Lieutenant Colonel |  |
|  | Colonel |  |

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| 1. **Please provide estimate of the Over-Time hours to be supported by JAG Funds.** |
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| **Equipment Purchases and Technology Investments**  **Questions (9-11)** |

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| 1. **Do you plan to use JAG funds for equipment purchases and/or technology investments?** | |
| **Yes** | **No (Skip to next section)** |

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| 1. **What types of equipment purchases and/or technology investments?** | |
| **Check All That Apply** | **Equipment Category** |
|  | 1. Computer- Aided Dispatch (CAD) |
|  | 1. Computer/Mobile Data Terminals |
|  | 1. Computer Software |
|  | D. Emergency Medical Equipment |
|  | E. Police Cruiser Equipment/ Officer Equipment |
|  | F. In-car / On Person Camera System |
|  | G. License Plate Readers |
|  | H. Mobile Access Equipment |
|  | I. Radios |
|  | J. Security Systems for Station or Evidence Room |
|  | K. Tactical Equipment |
|  | L. Surveillance and Investigative Equipment |
|  | M. Vehicles |
|  | N. Video Observation (station, community, or pole cams) |

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| 1. **Describe any efficiencies or cost savings to be achieved as a result of any equipment purchases and or technology investments.** |
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| **Training**  **(Questions 12 -13)** |

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| 1. **Do you plan to conduct any training during the grant period?** | |
| **Yes** | **No (Skip to next section)** |

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| 1. **Please indicate the training topics, target audience, and provide an estimate of the number of persons to be trained. Please also identify the type of trainer. (Examples Include: Police Officer, POST, FBI, IAPC, or FLETC)** |
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| **Task Forces**  **(Questions 14-15)** |

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| 1. **Do you plan to use JAG funds to support a multijurisdictional task force activity?** | | | | | |
| **Yes** | | | | **No (Skip to next section)** | |
| **14) Indicate the types of task forces below.** | | | | | |
| **Task Force** | **Yes** | **No** | **Is this a Multijurisdictional**  **Task Force?** | | **Estimated number of Hours during grant period** |
| Anti-Gang Task Force |  |  |  | |  |
| Anti-Gun Task Force |  |  |  | |  |
| Drug Task Force |  |  |  | |  |
| Violent Crime Task Force |  |  |  | |  |
| Other |  |  |  | |  |
| If other, please explain: |  | | | | |
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| **15) Please provide a brief summary of the task force activities that will be supported by the JAG funds.** |
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