Memorandum

MIAMI-DADE COUNTY

Date: October 2, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

Agenda Item No. 18(A)(3)

From: George M. Burgess
County Manager

Subject: Resolution Ratifying FY2007 COPS Community Policing Development Grant Application

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Recommendation

It is recommended that the Board ratify the attached resolution authorizing the County Manager's action in applying for, receiving, and expending grant funds in the amount of $138,000 from the United States Department of Justice Community Oriented Policing Services (COPS) available under the FY2007 COPS Community Policing Development Program to support the Miami-Dade Police Department (MDPD). The grant covers a period from October 1, 2007 through March 31, 2009.

Scope

The grant will provide countywide services.

Fiscal Impact/Funding Source

This grant will provide $138,000 in federal funds to implement the proposed project. The grant does not require any matching funds. The funding source is the U.S. Department of Justice, Community Oriented Policing Services.

Track Record/Monitor

The grant will be monitored by the Miami-Dade Police Department.

Background

The grant application was due on and submitted June 29, 2007. This grant will support the development of a link between the Community Oriented Policing philosophy with CompStat, the statistics based tool currently utilized by MDPD to track crime trends and develop enforcement initiatives. The initiative supports shifting enforcement from numbers based crime fighting efforts (reactive) to identifying underlying causes of crime by addressing community concerns (proactive). Included in the proposal is the use of web-based training technology allowing remote access to eligible personnel via computer at any location, as well as the mechanism for refresher and update training. The proposal also supports linking with the County's current performance management system, ActiveStrategy, to monitor, measure, and evaluate the initiative. These funds will support activities consistent with the MDPD goal of developing law enforcement services that are proactive and responsive to citizen needs.

Alina T. Hudak
Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 18(A)(3)

Please note any items checked.

_____	"4-Day Rule" ("3-Day Rule" for committees) applicable if raised
_____	6 weeks required between first reading and public hearing
_____	4 weeks notification to municipal officials required prior to public hearing
_____	Decreases revenues or increases expenditures without balancing budget
_____	Budget required
_____	Statement of fiscal impact required
_____	Bid waiver requiring County Manager's written recommendation
_____	Ordinance creating a new board requires detailed County Manager's report for public hearing
_____	Housekeeping item (no policy decision required)
_____	No committee review

Approved _____ Mayor

Veto _____

Override _____

Agenda Item No. 18(A)(3)

10-02-07

RESOLUTION NO. _____

RESOLUTION RATIFYING THE COUNTY MAYOR'S ACTION IN APPLYING FOR, RECEIVING, AND EXPENDING FEDERAL FUNDS FROM THE UNITED STATES DEPARTMENT OF JUSTICE COMMUNITY ORIENTED POLICING SERVICES (COPS) FY2007 COMMUNITY POLICING DEVELOPMENT PROGRAM TO SUPPORT THE MIAMI-DADE POLICE DEPARTMENT; AND FURTHER AUTHORIZING THE COUNTY MAYOR TO RECEIVE AND EXPEND FUNDS AND EXECUTE SUCH CONTRACTS AND AMENDMENTS AS REQUIRED IF AWARDED

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference; and

WHEREAS, at the County Commission meeting of July 26, 2007 this Board authorized the County Mayor to administer County business during the period of July 24, 2007 through August 24, 2007 [Agenda Item No. 12A3]; such action(s) taken to be in accordance with the policies and procedures established by the Board of County Commissioners and be submitted to the Board for approval at the County Commission meeting of October 2, 2007,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board ratifies the County Mayor's action to apply for, receive, and expend $138,000 from the United States Department of Justice Community Oriented Policing Services, in substantially the grant application attached hereto and made a part hereof; and authorizes the County Mayor or his designee to receive and expend grant funds, execute such contracts and agreements as required by grant guidelines or to further the purposes described in the funding request; following approval by the County Attorney's Office; to expend any and all monies received for the purposes described in the funding request; to apply for, receive and expend future additional funds should they become available through this grant program; to file and execute any necessary amendments to the application for and on behalf of Miami-Dade County, Florida; and to exercise amendments,

modifications, renewals, cancellation and termination clauses of any contracts and agreements on behalf of Miami-Dade County, Florida.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman
Barbara J. Jordan, Vice-Chairwoman

Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of October, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. KBD

Kenneth B. Drucker

MIAMI-DADE COUNTY
MIAMI-DADE POLICE DEPARTMENT
TRAINING BUREAU

RESPONSE TO:
U.S. DEPARTMENT OF JUSTICE
COMMUNITY ORIENTED POLICING SERVICES (COPS)
FY 2007 COMMUNITY POLICING DEVELOPMENT
COPS-2007-1
CFDA 16.710

Community Oriented Policing Services
U.S. Department of Justice

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U.S. Department of Justice
Office of Community Oriented Policing Services

COPS
COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

Standard Application Forms

U.S. Department of Justice
Office of Community Oriented Policing Services
Carl R. Peed, Director

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Standard Application Forms

The COPS Standard Application Forms are designed to assist applicants in applying for COPS grant and cooperative agreement programs.

For more information about COPS programs, call the COPS Office Response Center at 800.421.6770.

U.S. Department of Justice
Office of Community Oriented Policing Services
1100 Vermont Avenue, N.W.
Washington, D.C. 20530

www.cops.usdoj.gov

Revised: April 2007. Previous versions of COPS Applications are no longer valid.

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SF-424

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 — Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
○ Preapplication	☒ New	
☒ Application	○ Continuation	* Other (Specify)
○ Changed/Corrected Application	○ Revision	

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Miami-Dade Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
59-6000573	114276731

d. Address:

* Street1:	9601 NW 58 Street
Street2:	
* City:	Doral
County:	Miami-Dade
* State:	Florida
Province:	
* Country:	USA
* Zip / Postal Code:	33178

e. Organizational Unit:

Department Name:	Division Name:
Training Bureau	Centralized Services Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	Lisi
Middle Name:			
* Last Name:	Reyes-Wilcox		
Suffix:			

Title:	Administrative Officer 3
Organizational Affiliation:	
* Telephone Number:	305-715-5081
Fax Number:	305-715-5053
* Email:	lrwilcox@mdpd.com

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Tracking Number: | Funding Opportunity Number: | Received Date: Time Zone: GMT-5

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02

9. Type of Applicant 1: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* 10. Name of Federal Agency: U.S. Department of Justice
Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number: CFDA 16.710

CFDA Title: Community Policing Development (CPD 2007)

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.): Miami-Dade County

* 15. Descriptive Title of Applicant's Project: Miami-Dade Police Department's
Standardized Community Oriented Policing and
Problem Solving Initiative

Attach supporting documents as specified in agency instructions.

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Tracking Number: Funding Opportunity Number: Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 18 * b. Program/Project: 17, 18, 20, 21, 25

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: October 1, 2007 * b. End Date: March 31, 2009

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

○ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

⊗ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

○ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**

○ Yes ⊗ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Prefix: * First Name: Bernie

Middle Name:

* Last Name: Gonzalez

Suffix:

* Title: Police Major

* Telephone Number: 305-715-5101 Fax Number: 305-715-5053

* Email: bgonzalez@mdpd.com

* Signature of Authorized Representative: for Bernica Parker GN * Date Signed: 6/29/07

Authorized for Local Reproduction

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Tracking Number: Funding Opportunity Number: Received Date: Time Zone: GMT-5

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

B

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:
1.	**Type of Submission:** (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	**Type of Application:** (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	**Data Received:** Leave this field blank. This date will be assigned by the Federal agency.
4.	**Application Identifier:** Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.
5a.	**Federal Award Identifier:** Enter the number assigned to your organization by the Federal Agency, if an.
5b.	**Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6.	**Data Received by State:** Leave this field blank. This date will be assigned by the State, if applicable.
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable.
8.	**Applicant Information:** Enter the following in accordance with agency instructions: **a. Legal Name:** (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. **b. Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. **c. Organizational DUNS:** (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website **d. Address:** Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). **e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.

Item	Entry:
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
10.	**Name Of Federal Agency:** (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
11.	**Catalog Of Federal Domestic Assistance Number/ Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	**Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
14.	**Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.

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Item	Entry:
15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
16.	**Congressional Districts Of:** (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	**Proposed Project Start and End Dates:** (Required) Enter the proposed start date and end date of the project.
18.	**Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

Item	Entry:
19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.
21.	**Authorized Representative:** (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

COPS Application Attachment to SF-424

OMB Control Number: 1103-0098
Expiration Date: 2/29/2008

COPS Application Attachment to SF-424

SECTION 1: COPS PROGRAM REQUEST

Federal assistance is being requested under the following COPS program:
Select the COPS grant program for which you are requesting federal assistance. ***Please DO NOT use this form to apply for multiple programs at one time. A separate application must be completed for each COPS program for which you are applying.*** *Please ensure that you have read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.*

CHECK ONE PROGRAM OPTION ONLY

Open/Competitive
☐ Tribal Resources Grant Program

Targeted/Invited
☐ Methamphetamine Program
☐ Secure Our Schools
☐ Technology Program
☒ Community Policing Development

SECTION 2: APPLICANT INFORMATION

Do NOT complete section C if applying under the Methamphetamine Program or Technology Program. All other law enforcement agency applicants must complete all of the Applicant Information Section (A, B and C).

A. Applicant ORI Number: F L 0 1 3 0 0

☐ Check here if your agency has not been assigned an ORI #.

The ORI number is assigned by the FBI and is your agency's unique identifier. The first two letters are your state abbreviation, the next three numbers are your county's code, and the final two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant.

B. General Applicant Information

1. **Cognizant Federal Agency:** U. S. Department of Justice
   Enter the legal applicant's Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget.

2. **Fiscal Year:** 10/01/2006 to 09/30/2007 (mo/day/yr)
   Enter the legal applicant's fiscal year.

3. **Population served as of the 2000 U.S. Census:** 1.099 million
   If the population served is not represented by U.S. Census figures (e.g., colleges, special agencies, school police departments, etc.) please indicate the size of the population served: _____

C. Law Enforcement Agency Information

1. **Is your agency contracting for law enforcement services?**

   ☐ Yes ☒ No

If "yes," the Legal Name and address information listed on the SF-424 under section 8 (Applicant Information) should be for the jurisdiction that will be contracting to receive law enforcement services, and NOT the law enforcement agency that will actually provide those services. Also, be sure to enter the name and agency information of the contract law enforcement department under section 4, part A (law enforcement executive information) of this document. In all contracting arrangements, the jurisdiction that is applying for assistance is ultimately responsible for ensuring compliance with all grant requirements. For additional clarification on contracting guidelines, please see the program-specific section of the COPS Application Guide.

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If you are a tribal law enforcement agency, instead of providing your own law enforcement services, does your tribe exclusively contract with a non-BIA local law enforcement agency for services?
☐ Yes ☒ No

If "yes," please refer to the program-specific section of the COPS Application Guide for additional eligibility information.

2. Population Served By Law Enforcement Agency

Do officers have primary law enforcement authority for the population to be served?
☒ Yes ☐ No
An agency with primary law enforcement authority is defined as the first responder to calls for service, and has ultimate and final responsibility for the prevention, detection, and/or investigation of criminal laws within its jurisdiction.

If "yes," what is the actual population for which your department has primary law enforcement authority? [In other words, the 2000 Census population minus the incorporated towns and cities that have their own police departments.] 1.099 million

If "no," please explain. Include the date by which your agency anticipates having primary law enforcement authority for this population. [Please limit your response to a maximum of 250 words.]

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3. Land Base Covered by Law Enforcement Agency (in square miles): 2000 square miles

Enter the number of square miles covered by the law enforcement agency. Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority. Do not list acres (1 mile = 640 acres).

4. Current Budgeted Sworn Force Strength as of the Date of this Application:

Full-time: 3220 Part-time: 0

Enter the budgeted sworn force strength. The budgeted sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state, Bureau of Indian Affairs, and locally-funded vacancies. Do not include unpaid/reserve officers, or detention staff.

5. Current Actual Sworn Force Strength as of the Date of this Application:

Full-time: 3133 Part-time: 0

Enter the actual sworn force strength. The actual sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant positions or unpaid/reserve positions.

SECTION 3: WAIVERS OF THE LOCAL MATCH

Please refer to the Application Guide for information on whether waivers of the local match, when applicable, are available under the grant program for which you are applying.

☒ Check here if not applicable

Are you requesting a waiver of the local match based upon severe fiscal distress?
☐ Yes ☐ No

If requesting a waiver, you will be required to attach a detailed waiver justification to your application. Please refer to the COPS Application Guide - "Waiver of the Local Match" section for information on what to include in your justification, as well as the program-specific portion of the Guide to review the local match requirements.

SECTION 4: EXECUTIVE INFORMATION

Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.

A. Law Enforcement Executive/Program Official Information:
Enter the law enforcement executive's name and contact information (for law enforcement agencies) or program official's name and contact information (for non-law enforcement agencies). For law enforcement agencies, this is the highest-ranking official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent). If the grant is awarded, this position would be responsible for the programmatic implementation of the award. If your agency is a "start-up" this section can remain blank.

Title: Director
First Name: Robert MI: L. Last Name: Parker Suffix:
Agency Name: Miami-Dade Police Department
Street Address 1: 9105 NW 25 Street
Street Address 2: Room 3072
City: Miami State: FL Zip Code: 33172
Telephone: 305-471-2100 Fax: 305-471-2163
E-mail: rparker@mdpd.com

B. Type of Agency:
☐ Municipal ☐ State ☒ County Police Department ☐ Sheriff* ☐ Tribal ☐ Transit*
☐ School* ☐ Consortium* ☐ University/College* Please indicate: (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify):_____
☐ Non-profit Organization ☐ Profit Organization
☐ Other* (please specify):_____

**Agency types that have an asterisk next to them and that are applying for COPS hiring grants must provide additional information. Please refer to the COPS Application Guide: "Agency Supplemental Information" section for the questions that you will need to address. Please attach this information to your application.*

C. Government Executive/Financial Official Information:
Enter the government executive's name and contact information (for government agencies) or financial official's name and contact information (for non-government agencies). For government agencies, this is the highest-ranking official within your jurisdiction (Mayor, City Administrator, Tribal Chairman, or equivalent). If the grant is awarded, this position would be responsible for the financial management of the award.

Title: County Manager
First Name: George MI: Last Name: Burgess Suffix:
Agency Name: Miami-Dade County
Street Address 1: 111 NW 1 Street
Street Address 2:
City: Miami State: FL Zip Code: 33128
Telephone: 305-375-5311 Fax:
E-mail: gburgess@miamidade.gov

D. Type of Government Entity:
☐ State ☐ City ☐ Town ☐ County ☐ Village ☐ Borough ☐ Township
☐ Territory ☐ Region ☐ Council ☐ Community ☐ Pueblo ☐ Tribal Nation
☐ School District

☐ Not Applicable *If applying as a non-law enforcement agency (e.g., non-profit agency) please check here.*

SECTION 5: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY

This section is applicable to agencies applying under the Universal Hiring Program. However, the Universal Hiring Program is not available in FY 2007.

❑ Check here if not applicable

COPS grants must be utilized to reorient the affected law enforcement agency's mission toward community-oriented policing or enhance its involvement in or commitment to community-oriented policing. Please follow these instructions for the questions that require your agency to check which activities have been implemented, and/or which activities your agency plans to implement or enhance with grant funding, if awarded:

- If your agency has implemented an item, but you do not plan to enhance it under the grant, check the "Have Implemented" box.
- If your agency has not yet implemented an item, but plans to do so if awarded, check the "Plan to Implement or Enhance Under Grant" box.
- If your agency has implemented an item and plans to enhance it under the grant, check both boxes.
- If your agency has not implemented an item and does not plan to implement it under the grant, leave both boxes unchecked.

A. Enhancing Homeland Security Through Community Policing

The following questions relate to your agency's present and anticipated homeland security/anti-terrorism efforts. (Detailed instructions for completing these questions can be found in the COPS Application Guide.) Please answer all questions below as completely and accurately as possible. **However, please do not include any *confidential* or *classified* information in your responses.** For question 3d, do not exceed the 250-word limit specified. Additionally, your responses must be consistent with the definitions of homeland security/anti-terrorism and terrorism as defined below:

Homeland Security/Anti-Terrorism: Your agency's efforts to detect, prepare for, prevent, protect against, respond to, and recover from terrorist attacks within your jurisdiction.
Terrorism: An act that 1) is dangerous to human life or potentially destructive of critical infrastructure or key resources, and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States, and 2) appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

1. Assignments and Training

a. **On average, how many hours per week do you anticipate that each officer requested in this application would be assigned specifically to homeland security/anti-terrorism activities? [Check one]**

❑ 0 hours or only on an as-needed basis
❑ 1-5 hours per week
❑ 6-10 hours per week
❑ 11-20 hours per week
❑ 21-30 hours per week
❑ 30+ hours per week
❑ Don't know

b. **If your request is granted, what is the average number of hours of homeland security/anti-terrorism training you anticipate that each officer will receive annually? [Check one]**

❑ 0 hours or only on an as-needed basis
❑ 1-5 hours per year
❑ 6-10 hours per year
❑ 11-20 hours per year
❑ 21-30 hours per year
❑ 30+ hours per year
❑ Don't know

c. **What type(s) of homeland security/anti-terrorism training do you anticipate that each requested officer would receive? [Check all that apply]**

- ❑ SLATT training (State and Local Anti-Terrorism Training)
- ❑ COPS RCPI (Regional Community Policing Institute) Training in conjunction with the FBI SLATT curriculum
- ❑ Other COPS RCPI training
- ❑ FBI training
- ❑ State, regional or local training
- ❑ In-house training (e.g., bringing in a homeland security trainer to train UHP officers)
- ❑ Other: _____
- ❑ Don't know

2. **Threat Assessment**

a. **Please indicate which of the following critical infrastructures are located within your law enforcement jurisdiction. Do not include infrastructures that are outside of your department's jurisdiction, or for which your department would not have primary law enforcement authority. Please provide a one to three word description for each item that is checked.**

- ❑ Major bridges or tunnels _____
- ❑ Significant national or regional monuments _____
- ❑ Major sites of historical significance _____
- ❑ Skyscrapers or tall apartment/commercial buildings _____
- ❑ Nuclear reactors/plants _____
- ❑ Dams or hydro-electric facilities _____
- ❑ Reservoirs or other major public water systems _____
- ❑ Major electric or other power plants (non-nuclear or hydro-electric) _____
- ❑ Chemical plants or storage facilities _____
- ❑ Buildings that house/develop/maintain biologically hazardous materials_____
- ❑ Borders with Mexico or Canada _____
- ❑ Airports utilized by commercial aircraft _____
- ❑ Trains or subway systems _____
- ❑ Major bus or ferry terminals _____
- ❑ Major waterway ports of entry _____
- ❑ Oil/petroleum refineries, pipes, or storage facilities _____
- ❑ Major tourist attractions (e.g., major theme parks, zoos) _____
- ❑ Major sporting arenas (e.g., collegiate or professional stadiums)_____
- ❑ Major sporting or public events _____
- ❑ Active military bases _____
- ❑ Major communication centers (e.g., TV, radio, Internet, satellite, newspapers) _____
- ❑ Strategic missile or other weapon sites _____
- ❑ Centers of government (e.g., state capitals) _____
- ❑ Major financial centers (e.g., regional Federal Reserve Bank)_____
- ❑ Major industrial centers (e.g., warehousing or manufacturing plants) _____
- ❑ Immigration ports of entry _____
- ❑ Other _____

b. **At this time, what are the most significant homeland security/anti-terrorism concerns faced by your agency/jurisdiction? [Check all that apply]**

- ❑ Sensitive structure(s) (e.g., nuclear power plant, high-profile buildings, etc.)
- ❑ Extremist groups or organizations (e.g., al-Qaeda, militias, KKK, etc.)
- ❑ International border/port
- ❑ Other_____
- ❑ No concerns at this time
- ❑ Don't know

3. Homeland Security and Community Planning

a. **What efforts are being made to inform and/or involve your community in your agency's local homeland security/anti-terrorism measures? [Check all that apply]**

	Have Implemented	Plan to Implement or Enhance Under Grant
1. Public and community forums/meetings	❑	❑
2. Citizen volunteers	❑	❑
3. Public broadcast systems	❑	❑
4. Public anti-fear campaigns	❑	❑
5. Emergency response drills with public	❑	❑
6. Publicly disseminated documents on citizen preparedness (including web site information)	❑	❑
7. Other _____	❑	❑

b. **Does your agency have detailed homeland security coordination, information sharing or incident response plans with any of the following entities in your community, or do you intend to implement plans with the following entities if awarded? [Check all that apply.]**

	Have Implemented	Plan to Implement or Enhance Under Grant
1. Fire	❑	❑
2. EMS	❑	❑
3. Hospitals	❑	❑
4. Emergency Operations Centers (EOCs)	❑	❑
5. HAZMAT Units	❑	❑
6. Public health departments	❑	❑
7. Other law enforcement departments	❑	❑
8. Social/civic groups	❑	❑
9. Service groups	❑	❑
10. Business groups	❑	❑
11. Other_____	❑	❑

c. **Does your agency have any of the following items currently in place, or do you plan to implement them if awarded?**

1. City-wide evacuation plan	❑	❑
2. Chemical / biological / nuclear / radiological defense efforts	❑	❑
3. Emergency protective wear	❑	❑
4. Riot protocol	❑	❑
5. Joint Terrorism Task Force	❑	❑
6. Bomb threat protocols	❑	❑
7. Increased sworn officer presence at potential terrorism targets	❑	❑
8. Decontamination unit plans	❑	❑
9. Agency intelligence function in conformance with the National Criminal Intelligence Sharing Plan (NCISP)	❑	❑
10. Crime Prevention Through Environmental Design (CPTED) tactics to harden potential terrorist targets	❑	❑
11. Use of the SARA process to scan/identify vulnerable terrorist targets, analyze various potential threats, develop response plans, and assess through drills or other means whether plans need to be refined or modified because of changing conditions	❑	❑

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d. If funded, please briefly explain how you plan to utilize the grant funding to improve or build upon your homeland security/anti-terrorism efforts through community policing. Please limit your response to a maximum of 250 words.

B. Enhancing Community Safety through Community Policing

1. Crime Prevention Efforts	Have Implemented	Plan to Implement or Enhance Under Grant
a. Youth programs (e.g., in-school, after-school, weekend police/youth programs)	❑	❑
b. Anti-drug programs	❑	❑
c. Regular meetings with community groups to discuss crime	❑	❑
d. Anti-violence programs	❑	❑
e. Other (specify): _____	❑	❑

2. Problem-Solving Activities

a. Identifying crime problems with members of the community and other government agencies (e.g., prosecutor and courts, social services, probation office)	❑	❑
b. Identifying crime problems by looking at crime trends (e.g., keeping records of crimes and the types of requests for help)	❑	❑
c. Identifying top problems by analyzing repeat calls for service	❑	❑
d. Preventing crime by focusing on conditions that lead to crime (e.g., abandoned buildings and cars, referrals to other civil agencies)	❑	❑
e. Building on information systems to enhance crime analysis capabilities	❑	❑
f. Other (specify): _____	❑	❑

3. Partnerships

a. Regularly surveying community members to assist in identifying and prioritizing crime problems	❑	❑
b. Locating offices or stations within neighborhoods	❑	❑
c. Providing community policing training to citizens	❑	❑
d. Meeting with community members to learn more about the nature of specific problems	❑	❑
e. Involving community members in selecting responses to problems and determining measures of success	❑	❑

f. Planning a comprehensive and coordinated response with partners by utilizing and improving communications or other technology	❑	❑
g. Other (specify): _____	❑	❑

4. Infrastructure and Management Changes

a. Have written strategic plan for community policing	❑	❑
b. Department currently designates special unit (or a special officer) for community policing activities	❑	❑
c. Department promotes an agency-wide approach to community policing	❑	❑
d. Personnel are given responsibility for geographical areas	❑	❑
e. Call management systems are in place to free officer time for community policing (e.g., telephone reporting, alternative responses)	❑	❑
f. Personnel evaluations reward participation in collaborative problem-solving efforts	❑	❑
g. Decision-making authority has been decentralized	❑	❑
h. Management positions have been eliminated	❑	❑
i. Community policing concepts have been integrated into agency's mission statement	❑	❑
j. Community policing concepts have been integrated into departmental policies and procedures	❑	❑
k. Detectives have been integrated into community policing efforts	❑	❑
l. Department staff routinely collaborate with other municipal agencies to address problems	❑	❑
m. Other (specify): _____	❑	❑

SECTION 6: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS

Retention for COPS Hiring Grants

This section is applicable to COPS applicants applying for sworn officer positions. In FY2007, this section is not applicable to any COPS applicants.

☒ *Check here if not applying for a hiring grant*

Hiring grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position. The additional officer positions should be added to your agency's law enforcement budget with state, local, or tribal funds for at least one full local budget cycle, over and above all other locally-funded officer positions (including other school resource officers) that would have existed regardless of the grant, from the time that the thirty-six (36) months of grant funding for each COPS position expires. Absorbing COPS-funded officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement. Please be aware that if your agency has additional sworn officer hiring grants that are active when one hiring grant expires, the officer positions that were awarded under the expired grant are added to your baseline of locally-funded officer positions and must be maintained throughout the implementation of all additional hiring grants.

Use the space below to explain how your agency currently plans to retain any additional officer positions awarded. Please be as specific as possible about the source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. A missing or incomplete response could affect your ability to receive funding.

SECTION 7: NEED FOR FEDERAL ASSISTANCE

All applicants are required to provide a brief explanation of their agency's public safety needs and an explanation of their agency's inability to implement this project and/or address these public safety needs without federal assistance.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance. [Please limit your response to a maximum of 250 words.]

SEE ATTACHED

SECTION 8: EXECUTIVE SUMMARY

This section is applicable to COPS applicants applying under the COPS Methamphetamine Program, Secure Our Schools, Technology Program, and Community Policing Development Programs.

❑ Check here if not applicable SEE ATTACHED

Please attach to your application a brief summary of how your agency will use this federal funding. Be sure to include a description of how you expect this grant to impact public safety and/or crime prevention in your community. Please refer to the COPS Application Guide for clarification on specific information to include in your summary. The Executive Summary may be used to keep Congress or other executive branch agencies informed on law enforcement strategies to deter crime in your community. [Please limit your response to a maximum of 400 words.]

SECTION 9: PROJECT DESCRIPTION (NARRATIVE)

This section is applicable to COPS applicants applying for all COPS programs in 2007.

❑ Check here if not applicable SEE ATTACHED

Please attach to your application an in-depth narrative response detailing your proposed project. Please refer to the program-specific section of the COPS Application Guide: "How to Apply" section for information on what should be included in your response, as well as any additional formatting requirements and page length limitations.

SECTION 10: BUDGET NARRATIVE (EXCLUDING SWORN OFFICER POSITIONS)

This section is applicable to COPS applicants applying under Community Policing Development Programs, the Methamphetamine Program, Secure Our Schools, the Tribal Resources Grant Program and the Technology Program.

☐ Check here if not applicable SEE ATTACHED

In the Budget Narrative, you must attach a brief description of each item proposed for purchase, its purpose, and how the items relate to the overall project. Like items may be grouped together for ease of reporting. The structure of the Budget Narrative must mirror the structure of the Budget Detail Worksheet included in this application. In other words, each item reported in the Budget Narrative must fall under one of the following budget categories: Civilian/Other Personnel, Equipment/Technology, Other Costs, Supplies, Travel/Training, Contracts/Consultants, and Indirect Costs. For your information, a sample Budget Narrative and a sample Budget Detail Worksheet are included in the COPS Application Guide. Every item included on the Budget Detail Worksheet must be included in the Budget Narrative.

Note that allowable/unallowable costs will vary widely between different COPS grant programs and cooperative agreements. Please ensure that you refer to the program-specific portion of the COPS Application Guide - "Federal Funding: Allowable & Unallowable Costs" section for a complete list of the allowable and unallowable costs associated with the particular program for which you are applying. Including unallowable items on your application may delay the processing of your application and could ultimately result in the denial of your request.

SECTION 11: MEMORANDUM OF UNDERSTANDING

☒ Check here if not applicable

Please attach a Memorandum of Understanding (MOU) to your application that defines the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific portion of the Guide for a complete description of information pertaining to the required MOU.

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SECTION 12: OFFICIAL PARTNER(S) CONTACT INFORMATION

☒ Check here if not applicable

An official "partner" under the grant may be a governmental or private entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. **Please refer to the Application Guide for a complete description of partnership requirements under the grant program for which you are applying.**

Please attach additional partner information pages to your application, if necessary.

Title:
First Name: MI: Last Name: Suffix:
Name of Partner Agency (e.g., School District):
Type of Partner Agency (e.g., School District):
Street Address 1:
Street Address 2:
City: State: Zip Code:
Telephone: Fax:
E-mail:

Title:
First Name: MI: Last Name: Suffix:
Name of Partner Agency (e.g., School District):
Type of Partner Agency (e.g., School District):
Street Address 1:
Street Address 2:
City: State: Zip Code:
Telephone: Fax:
E-mail:

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

Title:			
First Name:	MI:	Last Name:	Suffix:
Name of Partner Agency (e.g., School District):			
Type of Partner Agency (e.g., School District):			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:		Fax:	
E-mail:			

SECTION 13: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

Certification of Review of 28 C.F.R. Part 23/Criminal Intelligence Systems
You must answer this question regardless of the type of COPS grant you are applying for. Please review the COPS Application Guide: Legal Requirements Section for additional information.

Please check one of the following, as applicable to your agency's intended use of this grant:

☒ No, my agency will not use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system.

☐ Yes, my agency will use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system. By signing below, we assure that our agency will comply with the requirements of 28 C.F.R. Part 23.

The signatures of the Law Enforcement Executive/Program Official and Government Executive/Financial Official, and any applicable program partners on the Certification of Review and Representation of Compliance with Requirements:

1) Assures the COPS Office that the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; AND
2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

The signatures on the reverse side of this page must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date may not be considered for funding.

Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a COPS Office compliance investigation concerning a current grant award.

By signing on the reverse side of this page, I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

Law Enforcement Executive/Program Official's Signature:

_____ Date: _____
(Signature of person named in Section 4 of this form)

Government Executive/Financial Official's Signature:

_____ Date: _____
(Signature of person named in Section 4 of this form)

Official Partner(s) Signature:

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

_____ Date: _____
(Signature of person(s) named in Section 12 of this form, if applicable)

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SECTION 14: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at (800) 421-6770.

By the applicant's authorized representative's signature, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.

2. It will comply with the provisions of federal law which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.

3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.

4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.

5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.

6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70, or the Federal Acquisition Regulations, as applicable (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the current edition of the COPS Grant Monitoring Standards and Guidelines; and with all other applicable program requirements, laws, orders, regulations, or circulars.

7. If applicable, it will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.

8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.

A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.

B. Grantees that have 50 or more employees and grants over $500,000 (or over $1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEOP") or EEOP short form (if grantee is required to submit an EEOP under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under $500,000, but over $25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEOP Certification. (Grantees of less than $25,000 are not subject to the EEOP requirement.)

9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.

10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.

11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.

12. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.

14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.

16. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-Lobby Act, 18 U.S.C. 1913.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

J. O. Patton — 6/29/07

Signature of Official with Programmatic Authority (or Law Enforcement Executive, as applicable) — Date

Signature of Official with Financial Authority (or Government Executive, as applicable) — Date

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SECTION 15: CERTIFICATIONS

Regarding Lobbying; Debarment; Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 28 CFR Part 67, "Government-Wide Debarment and Suspension (Nonprocurement)," 28 CFR Part 83 Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

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 of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, 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 67.440 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) 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) or private agreement or transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility.

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated 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 83, for grantees, as defined at 28 CFR Part 83, Sections 83 and 83.510 -

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

(i) 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;

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

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

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

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

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

(iii) 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 (i);

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

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

(b) 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;

(v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant.

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

(a) 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

(b) 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;

(vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

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.

4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

Grantee Agency Name and Address: Miami-Dade Police Department, 9105 NW 25 Street Miami, FL 33172 Grantee IRS/ Vendor Number: 59-6000573

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Typed Name and Title of Law Enforcement Executive (or Official with Programmatic Authority, as applicable):

Jr. Robert Parker, Director

Signature: J. Parker Date: 6/29/07

Typed Name and Title of Government Executive (or Official with Financial Authority, as applicable): George M. Burgess County Manager

Signature: _____ Date: 6/29/07

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PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 10 average hours per response, depending upon the COPS program being applied for including time for searching existing data sources, gathering the data needed, and completing and reviewing the application. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0098 and the expiration date is 2/29/2008.

Disclosure of Lobbying Activities

Disclosure of Lobbying Activities

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFPD E-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered Federal action.

(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

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Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

1. Type of Federal Action: B a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: A a. bid/offer/application b. initial award c. post-award	3. Report Type: A a. initial filing b. material change *For Material Change Only:* Year: _____ Quarter: _____ Date of last report _____
4. Name and Address of Reporting Entity: ☒ Prime ☐ Subawardee Tier _____, if known: Congressional District (number), if known: 17,18,20,21,25	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (number), if known: 18	
6. Federal Department/Agency: U.S. Department of Justice Office of Community Oriented Policing Services	7. Federal Program Name/Description: CFDANumber, if applicable: 16.710 COPS	
8. Federal Action Number, if known:	9. Award Amount, if known: $ 500,000	
10. a. Name and Address of Lobbying Registrant *(if individual, last name, first name, MI):* Miami-Dade Police Department 9105 NW 25 Street Miami, Florida 33172	10. b. Individuals Performing Services (including address if different from No.10a) (last name, first name, MI):	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: George M. Burgess Title: County Manager Telephone No.: (305)375-5311 Date: 6/29/07 43	
Federal Use Only:	Authorized for Local Reproduction, Standard Form - LLL	

Budget Detail Worksheets

Budget Detail Worksheets

Instructions for Completing the Budget Detail Worksheets:

The Budget Detail Worksheets are designed to allow all COPS grant and cooperative agreement applicants to use the same budget form to request funding. Allowable and unallowable costs vary widely and depend upon the type of COPS program. In addition, the maximum federal funds that can be requested and the federal/local share breakdown requirements also vary.

To determine the allowable/unallowable costs, the maximum amount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying, please refer to the COPS Application Guide. To assist you, sample Budget Detail Worksheets and a Budget Narrative (if applicable) for each COPS program are included in the Application Guide.

Please complete each required page of the Budget Detail Worksheets (see the Application Guide for each program's requirements) and the Budget Summary. If you did not request anything under a particular budget category, please check the appropriate box indicating that no positions or items were requested. When you complete the Budget Detail Worksheets, transfer the total for each of the budget categories to the applicable category total field on the Budget Summary.

All calculations should be rounded to the nearest whole dollar. *In addition, the Budget Summary should be completed with the federal/local share (if applicable) calculations regardless of whether the applicant is requesting a waiver of the local match.*

Failure to complete all of the required Budget Detail Worksheet pages and the Budget Summary, and/or including unallowable items in your funding request, may delay the processing of your application, and could ultimately result in the denial of your application.

If you need assistance in completing this form, you may call the COPS Office Response Center at 800.421.6770.

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

A. SWORN OFFICER POSITIONS No Sworn Officer Positions Requested ☒

Instructions: COPS hiring grant programs pay for entry-level salaries and benefits of newly hired, additional sworn law enforcement officers for a period of thirty-six (36) months.

This worksheet will assist your agency in properly organizing your ***maximum estimated*** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits ***rounded to the nearest whole dollar*** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (e.g., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions; part 2 if you are requesting part-time officer positions; and both parts 1 and 2 if you are requesting full and part-time officer positions.

Officer Positions Requested:

Full-time:_____ **Part-time:** _____
Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

Please complete if your agency is requesting part-time officers:

Part-Time Hours:

What is the average number of hours per week that your part-time COPS officer will work?_____

How many hours per week is considered full-time employment?_____

What is the average number of hours per year that your part-time COPS officer will work? _____

What is the hourly rate for the part-time COPS officer? _____

To calculate the base salary amount for part-time officers, multiply the hourly rate by the average number of hours per year that the part-time COPS-funded officer will work. You will enter this base salary on page 4.

Note: There is a funding cap for part-time officers in proportion to the number of hours worked and the maximum federal funding allowed under a particular COPS hiring program. For example, COPS in Schools has a maximum federal share of $125,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X $125,000 (maximum allowed) = $62,500. The Tribal Resources Grant Program has a maximum federal share of $75,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 x $75,000 (maximum allowed) = $37,500.

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

Part 1: Full-Time Officer Information

Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____ %	Family Coverage? ❑ Yes ❑ **No**
Life Insurance	$ _____.00	_____ %	
Vacation	$ _____.00	_____ %	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____ %	Number of Hours Annually: _____
Retirement	$ _____.00	_____ %	
*Worker's Comp	$ _____.00	_____ %	
*Unemployment Ins.	$ _____.00	_____ %	
Other	$ _____.00	_____ %	Describe: _____
Other	$ _____.00	_____ %	Describe: _____
Total Fringe Benefits	$ _____.00		

Total Year 1 Salary and Benefits: $ _____.00

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____ %	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____ %	
Vacation	$ _____.00	_____ %	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____ %	Number of Hours Annually: _____
Retirement	$ _____.00	_____ %	
*Worker's Comp	$ _____.00	_____ %	
*Unemployment Ins.	$ _____.00	_____ %	
Other	$ _____.00	_____ %	Describe: _____
Other	$ _____.00	_____ %	Describe: _____
Total Fringe Benefits	$ _____.00		

Total Year 2 Salary and Benefits: $ _____.00

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____ %	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____ %	
Vacation	$ _____.00	_____ %	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____ %	Number of Hours Annually: _____
Retirement	$ _____.00	_____ %	
*Worker's Comp	$ _____.00	_____ %	
*Unemployment Ins.	$ _____.00	_____ %	
Other	$ _____.00	_____ %	Describe: _____
Other	$ _____.00	_____ %	Describe: _____
Total Fringe Benefits	$ _____.00		

Total Year 3 Salary and Benefits: $ _____.00

** If no funds budgeted, please see Part 3 number 2*

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

Part 2: Part-Time Officer Information

Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____%	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____%	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	**$ _____.00**	_____%	**Family Coverage?** ❑ Yes ❑ No
Life Insurance	$ _____.00	_____%	
Vacation	$ _____.00	_____%	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____%	Number of Hours Annually: _____
Retirement	$ _____.00	_____%	
*Worker's Comp	$ _____.00	_____%	
*Unemployment Ins.	$ _____.00	_____%	
Other	$ _____.00	_____%	Describe: _____
Other	$ _____.00	_____%	Describe: _____
Total Fringe Benefits	**$ _____.00**		

Total Year 1 Salary and Benefits: $ _____.00

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____%	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____%	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____%	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____%	
Vacation	$ _____.00	_____%	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____%	Number of Hours Annually: _____
Retirement	$ _____.00	_____%	
*Worker's Comp	$ _____.00	_____%	
*Unemployment Ins.	$ _____.00	_____%	
Other	$ _____.00	_____%	Describe: _____
Other	$ _____.00	_____%	Describe: _____
Total Fringe Benefits	**$ _____.00**		

Total Year 2 Salary and Benefits: $ _____.00

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

Base Salary: $ _____.00

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____%	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____%	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____%	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____%	
Vacation	$ _____.00	_____%	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____%	Number of Hours Annually: _____
Retirement	$ _____.00	_____%	
*Worker's Comp	$ _____.00	_____%	
*Unemployment Ins.	$ _____.00	_____%	
Other	$ _____.00	_____%	Describe: _____
Other	$ _____.00	_____%	Describe: _____
Total Fringe Benefits	**$ _____.00**		

Total Year 3 Salary and Benefits: $ _____.00

** If no funds budgeted, please see Part 3 number 2*

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

Part 3: Sworn Officer Position Budget Summary (all applicants must complete this section)

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. **If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below:**

❑ Cost of living adjustment (COLA) ❑ Step Raises ❑ Change in benefit costs

❑ Other - please explain briefly: _____

2. ***If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:**

1) Social Security: _____

2) Medicare: _____

3) Worker's Compensation: _____

4) Unemployment Insurance: _____

Part 3 (Continued):

3. Three-Year Projection

Please complete the following three-year projection, showing how the federal share percentage and your local matching share percentage (if applicable) will change year by year for *one officer position*. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share percentage (if applicable) increases each year as the federal share percentage decreases. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officer's salaries and benefits paid with local funds (if applicable) must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. *Please refer to the Application Guide for additional program-specific information and for sample budget examples.*

Full-Time Computation

Three-year salary and benefit costs *per full-time* position	Year 1	Year 2	Year 3	Total- 3 Years	
Federal Share Amount (Percentage must decrease each year)	$_____.00	$_____.00	$_____.00	$_____.00	(line 1 a)
Local Share Amount (If applicable) (Percentage must increase each year)	$_____.00	$_____.00	$_____.00	$_____.00	(line 1 b)
Total Salary & Benefits (Federal Share plus Local Share)	$_____.00	$_____.00	$_____.00	$_____.00	

Part-Time Computation

Three-year salary and benefit costs *per part-time* position	Year 1	Year 2	Year 3	Total- 3 Years	
Federal Share Amount (Percentage must decrease each year)	$_____.00	$_____.00	$_____.00	$_____.00	(line 2 a)
Local Share Amount (If applicable) (Percentage must increase each year)	$_____.00	$_____.00	$_____.00	$_____.00	(line 2 b)
Total Salary & Benefits (Federal Share plus Local Share)	$_____.00	$_____.00	$_____.00	$_____.00	

Applicant Legal Name: Miami-Dade Police Department

ORI #: FL01300

4. Total Sworn Officer Cost

Total Federal Share Amount Computation

$ _____.00 Total federal share amount per full-time position from ***line 1 a***	X	_____ Number of full-time positions requested	=	$ _____.00
$ _____.00 Total federal share amount per part-time position from ***line 2 a***	X	_____ Number of part-time positions requested	=	$ _____.00
				$ _____.00 TOTAL FEDERAL AMT. **Box A**

Total Local Share Amount Computation

$ _____.00 Total local share amount per full-time position from ***line 1 b***	X	_____ Number of full-time positions requested	=	$ _____.00
$ _____.00 Total local share amount per part-time position from ***line 2 b***	X	_____ Number of part-time positions requested	=	$ _____.00
				$ _____.00 TOTAL LOCAL AMT. **Box B**

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Grand Total Computation

$ _____.00 **Box A** (Total Federal Share Amount Requested)	+	$ _____.00 **Box B** (Total Local Share Amount Required)	=	$ _____.00 TOTAL SWORN OFFICER COSTS **Transfer to Budget Summary Line 1**

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

B. CIVILIAN/OTHER PERSONNEL No Civilian/Other Personnel Positions Requested ☒

Instructions: *Each position must be listed and computed separately.* If additional space is necessary, please make copies of this table and attach them to your application.

Position Title:			
Base Salary Computation: ((_____ X _____) X _____) = $ _____.00 **(Base Salary Subtotal)**			
((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)			
Fringe Benefit	**Cost**	**% of Base**	**Additional Information**
*Social Security	$ _____.00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: ☐
*Medicare	$ _____.00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: ☐
Health Insurance	$ _____.00	_____ %	Family Coverage? ☐ Yes ☐ No
Life Insurance	$ _____.00	_____ %	
Vacation	$ _____.00	_____ %	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____ %	Number of Hours Annually: _____
Retirement	$ _____.00	_____ %	
*Worker's Comp	$ _____.00	_____ %	
*Unemployment Ins.	$ _____.00	_____ %	
Other	$ _____.00	_____ %	Describe: _____
Other	$ _____.00	_____ %	Describe: _____
Total Fringe Benefits	$ _____.00		
Subtotal Position Salary and Benefits: $ _____.00			

Position Title:			
Base Salary Computation: ((_____ X _____) X _____) = $ _____.00 **(Base Salary Subtotal)**			
((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)			
Fringe Benefit	**Cost**	**% of Base**	**Additional Information**
*Social Security	$ _____.00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: ☐
*Medicare	$ _____.00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: ☐
Health Insurance	$ _____.00	_____ %	Family Coverage? ☐ Yes ☐ No
Life Insurance	$ _____.00	_____ %	
Vacation	$ _____.00	_____ %	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____ %	Number of Hours Annually: _____
Retirement	$ _____.00	_____ %	
*Worker's Comp	$ _____.00	_____ %	
*Unemployment Ins.	$ _____.00	_____ %	
Other	$ _____.00	_____ %	Describe: _____
Other	$ _____.00	_____ %	Describe: _____
Total Fringe Benefits	$ _____.00		
Subtotal Position Salary and Benefits: $ _____.00			

Please include a detailed position description for all positions listed in the Budget Narrative.
**** If no funds budgeted, please explain at the bottom of the next page.***

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

Position Title:

Base Salary Computation: ((_____ X _____) X _____) = $ _____.00 **(Base Salary Subtotal)**

((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____%	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____%	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____%	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____%	
Vacation	$ _____.00	_____%	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____%	Number of Hours Annually: _____
Retirement	$ _____.00	_____%	
*Worker's Comp	$ _____.00	_____%	
*Unemployment Ins.	$ _____.00	_____%	
Other	$ _____.00	_____%	Describe: _____
Other	$ _____.00	_____%	Describe: _____
Total Fringe Benefits	$ _____.00		

Subtotal Position Salary and Benefits: $ _____.00

Position Title:

Base Salary Computation: ((_____ X _____) X _____) = $ _____.00 **(Base Salary Subtotal)**

((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

Fringe Benefit	Cost	% of Base	Additional Information
*Social Security	$ _____.00	_____%	Can't Exceed 6.2%. If Exempt Check Here: ❑
*Medicare	$ _____.00	_____%	Can't Exceed 1.45%. If Exempt Check Here: ❑
Health Insurance	$ _____.00	_____%	Family Coverage? ❑ Yes ❑ No
Life Insurance	$ _____.00	_____%	
Vacation	$ _____.00	_____%	Number of Hours Annually: _____
Sick Leave	$ _____.00	_____%	Number of Hours Annually: _____
Retirement	$ _____.00	_____%	
*Worker's Comp	$ _____.00	_____%	
*Unemployment Ins.	$ _____.00	_____%	
Other	$ _____.00	_____%	Describe: _____
Other	$ _____.00	_____%	Describe: _____
Total Fringe Benefits	$ _____.00		

Subtotal Position Salary and Benefits: $ _____.00

CIVILIAN/OTHER PERSONNEL TOTAL: $ _____.00

(Add together all Subtotals per position) Total Civilian/Other Personnel Cost (Transfer to Budget Summary Line 2)

*If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:

1) Social Security: _____ 3) Worker's Compensation: _____

2) Medicare: _____ 4) Unemployment Insurance: _____

Please include a detailed position description for all positions listed in the Budget Narrative.

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

C. EQUIPMENT/TECHNOLOGY No Equipment/Technology Requested ☐

Instructions: List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Expendable items should be included either in the **"SUPPLIES"** or **"OTHER"** categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the **"CONTRACTS / CONSULTANTS"** category.

Pursuant to the Continuing Appropriations Resolution, 2007 (P.L. 110-005), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Nomad	(1 X 30,000)	$ 30,000
Video Camera	(1 X 37,000)	$ 37,000
ASE	(1 X 55,000)	$ 55,000
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
Equipment/Technology Total:		$122,000 Transfer to Budget Summary Line 3

Please include a detailed description for all items listed in the Budget Narrative

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

D. OTHER COSTS

No Other Costs Requested

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions(s) and/or civilian position(s) if allowable under the program for which you are applying.

Pursuant to the Continuing Appropriations Resolution, 2007 (P.L. 110-005), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Training Manuals	(300 X 50.00)	$ 15,000
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	Other Cost Total:	$ 15,000 Transfer to Budget Summary Line 4

Please include a detailed description for all items listed in the Budget Narrative

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

E. SUPPLIES

No Supplies Requested ☐

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
DVDs	(500 X 2.00)	$ 1,000.00
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	(X)	$
	Supplies Total:	$ 1,000.00 Transfer to Budget Summary Line 5

Please include a detailed description for all items listed in the Budget Narrative

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

F. TRAVEL/TRAINING

No Travel/Training Requested ☒

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs").

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/Training & Location of Travel/Training	Travel/Training Item	Computation (# of Staff X Unit Cost X # of Days/Trips/Events)	Per Item Subtotal
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		(____ X ____ X ____)	$
		Travel/Training Total:	$ 0 Transfer to Budget Summary Line 6

Please include a detailed description and justification for travel listed in the Budget Narrative

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

G. CONTRACTS/CONSULTANTS No Contracts/Consultants Costs Requested ☐

Instructions: See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

Contract Description	Contract Bid Type (Open-Competitive or Sole Source)	Per Contract Subtotal
ASE – see page 59		$
		$
		$
		$
	Contracts Subtotal:	$ (G1)

Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Consultant fees in excess of $450 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation (Cost X # Days or # Hours)	Per Consultant Fee Subtotal
		(_____X____)	$
		(_____X____)	$
		(_____X____)	$
		Consultant Fees Subtotal:	$ (G2)

Consultant Expenses: *Consultant Expenses:* List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation (Cost X # Days)	Per Consultant Fee Subtotal
		(_____X____)	$
		(_____X____)	$
		(_____X____)	$
		(_____X____)	$
		Consultant Subtotal:	$ (G3)
		Contracts/Consultants Total: Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)	$_____ Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative

Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

H. INDIRECT COSTS

No Indirect Costs Requested ☒

Instructions: Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

Indirect Cost Description	Computation	Per Indirect Cost Subtotal
		$
		$
		$
		$
		$
		$
		$
	Indirect Costs Total:	$ 0 Transfer to Budget Summary Line 8

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Applicant Legal Name: Miami-Dade Police Department ORI #: FL01300

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

	Budget Category	Category Total	Line #
A.	Sworn Officer Positions	$ 0 .00	1
B.	Civilian/Other Personnel	$ 0 .00	2
C.	Equipment/Technology	$ 122,000 .00	3
D.	Other Costs	$ 15,000 .00	4
E.	Supplies	$ 1,000 .00	5
F.	Travel/Training	$ 0 .00	6
G.	Contracts/Consultants	$ 0 .00	7
H.	Indirect Costs	$ 0 .00	8
	Total Project Amount:	$ 138,000 .00	
	Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)	$ 138,000 .00	
	Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)	$ 0 .00	

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Joy Stewart

Title: Executive Senior Bureau Commander

Phone: 305-471-2519

Fax: 305-471-1894

E-mail Address: jstewart@mdpd.com

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Paperwork Reduction Act Notice

The public reporting burden for this collection of information is estimated to be up to two hour per response, depending upon the COPS program being applied for, which includes time for reviewing instructions. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 2/29/2008.

FOR MORE INFORMATION:

U.S. Department of Justice
Office of Community Oriented Policing Services
1100 Vermont Avenue, NW
Washington, D.C. 20530

To obtain details on COPS programs, call the COPS Response Center at 800.421.6770

Visit COPS Online at the address listed below.

e04071073 Created Date: April 2007

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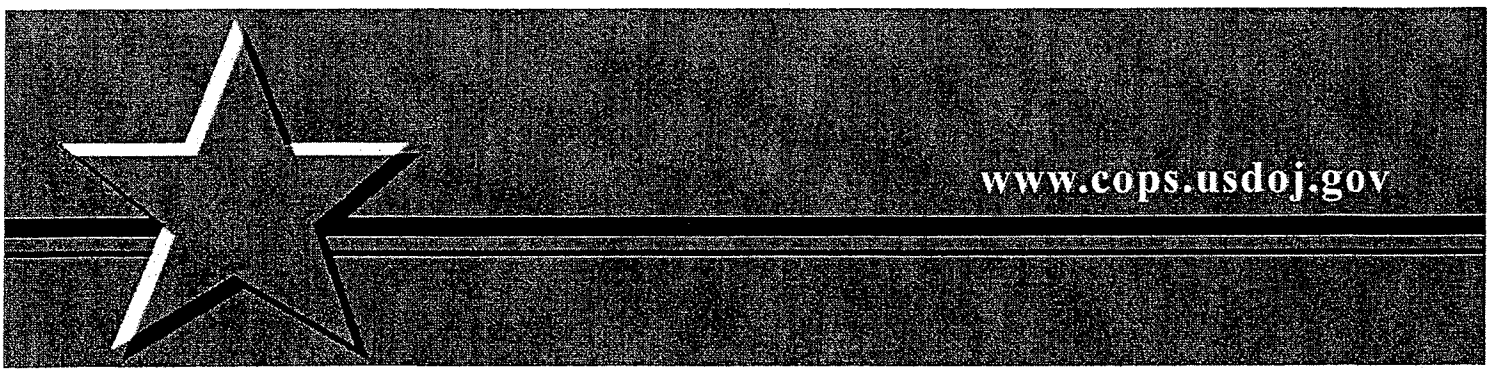

Miami-Dade Police Department

Community Oriented Policing and Problem-Solving Initiative

Executive Summary

The Miami-Dade Police Department (MDPD) has provided Community Oriented Policing (COP) training to sworn personnel and academy trainees since 1994. This grant will provide MDPD with the opportunity to merge the COP philosophy with CompStat, the statistics-based tool currently utilized to track crime trends and develop enforcement initiatives. This will be accomplished in three phases.

Phase 1 is developing a comprehensive training curriculum showing how principles of COP can be adapted to the CompStat process, including streamlining the traditionally lengthy SARA analysis into concise 2-page reports. The training will focus on COP principles, and the combined use of the modified SARA model and MDPD's Daily Intelligence Driven Analysis in the reporting of crime trends. This training, targeting command-level employees (lieutenants and higher), will be presented in a series of seminars that can be simultaneously broadcast to remote departmental entities, and even to local municipalities, via web-based technologies. This phase accomplishes two things: (1) shifting enforcement initiatives from numbers-based crime fighting efforts (reactive) to identifying underlying causes of crime by addressing community concerns (proactive); and (2) ensuring that managers understand their individual roles in the department-wide implementation of COP beyond traditional road patrol.

Phase 2 is creating a direct link between CompStat/COP and MDPD's strategic plan. This will be accomplished by incorporating CompStat/COP into MDPD's ActiveStrategy Enterprise Balanced

Scorecard, the application utilized by MDPD to monitor, measure, and evaluate departmental goals and initiatives. By incorporating COP and the SARA model into CompStat, and subsequently incorporating CompStat/COP into ActiveStrategy, departmental entities must actively use COP concepts and the SARA model in the performance of daily tasks in order to accomplish established goals and objectives. Successful implementation of this phase will require data security measures in order to safeguard against the inappropriate distribution of sensitive or confidential information.

Phase 3 is making COP training available to employees via on-line learning segments, with periodic refreshers and updates. This ensures long-term sustainability of the initiative, and reinforces COP principles and the SARA model in all aspects of departmental decision-making.

The successful implementation of this COP initiative within MDPD will create a proactive approach to law enforcement that is more responsive to the needs of the citizens of Miami-Dade County. Improved citizen/police relationships can lead to collaborative crime-fighting efforts and innovative community-centered enforcement initiatives.

Miami-Dade Police Department

Community Oriented Policing and Problem-Solving Initiative

Program Narrative

A. Problem Identification, Justification, and Use of Federal Funds:

The Miami-Dade Police Department (MDPD) first introduced the Community Oriented Policing (COP) concept to department personnel in 1994. Since then, basic COP training has been presented to all sworn personnel, and COP concepts are also delivered to police academy trainees as part of their Basic Law Enforcement Training. While it is easy to recognize the value in COP principles, the challenge for our department has been in fully integrating COP principles and the use of the SARA problem-solving model into MDPD's daily operations department-wide, particularly at management levels. There are several reasons for this. In its traditional form, utilizing the SARA model can be time consuming and tedious. MDPD simply does not have the manpower needed to ideally implement COP in routine road patrol. Given the geographical size of Miami-Dade County and the population it serves, our officers typically have little or no time between calls for service and, as a result, taking the time to interact with the community and create relationships and information networks is very limited. In efforts to remedy this and reach out to the community, our department has established Quadrant Patrols. These are squads assigned to districts that roam the community and attempt to establish these much needed community relations. This is a step in the right direction; however, it is still falls short of the COP ideal.

Another obstacle to better implementation of COP in our department is the use of CompStat for the reporting of criminal activity and the subsequent development of enforcement strategies. Because

CompStat principles are predominantly statistics-based, they are often at odds with COP principles. CompStat forces the department to look at numbers on a monthly basis and holds entity commanders accountable for fluctuations in crime trends within their areas of responsibility. While statistics and accountability are powerful tools that can aid law enforcement, they focus only crimes which have already happened and therefore allow only for predominantly reactive enforcement efforts. For example, areas that reported increases in criminal activity for the prior month are targeted in order to report a decrease in that same area for the following month. These efforts have been effective for short-term issues, but do not take into account root causes of crime in an effort to develop strategies to deter or prevent criminal activity for the long-term. CompStat based enforcement initiatives also do not take into account community interests or areas of concern. While addressing the crime trends reported in CompStat is a vital patrol function, it is also imperative that law enforcement be aware of the needs of the citizens, and that efforts are directed to address their concerns.

A recent article published by the National Institute of Justice's Symposium on Operations Research and the Criminal Justice System offers a Challenge Statement by Hubert Williams, President of the Police Foundation. In the article, Williams stresses that there is a significant discrepancy between CompStat police management and COP principles, most notable in the fact that CompStat places supreme importance on the reduction of crime and often overlooks community needs and input in the process. The challenge posed by Williams to the Operations Research community was how to help law enforcement agencies in the balancing of CompStat methods and COP methods in policing.

The MDPD Community Oriented Policing and Problem-Solving Initiative aims to answer this challenge. It will provide an internal structure that blends traditional CompStat reporting and COP techniques, including the standardized use of a modified SARA model in the reporting of statistics.

This project will also integrate COP into our departmental strategic planning process by utilizing the SARA model to substantiate departmental goals and objectives, thereby institutionalizing COP principles department-wide. This is a large-scale process that will greatly benefit both the department and the community it serves. Unfortunately, in light of recent Florida legislature and corresponding governmental budget cuts, projects such as this are highly unlikely to receive local funding from MDPD's operating budget, thereby necessitating federal assistance in order to implement these valuable organizational changes.

B. Narrative of Project (including goals and objectives):

Miami-Dade Police Department intends to utilize this grant in order to fully institutionalize COP at all levels within our department. Overall success of this project is dependent on the achievement of three major objectives:

(1) The first objective is to develop a comprehensive training curriculum showing how principles of COP can be adapted to the CompStat process, including streamlining the traditionally lengthy SARA model analysis into concise 2-page reports, a much more concise format that is both practical in application and feasible for department-wide use analysis. The training will focus on COP principles, and the combined use of the modified SARA model and MDPD's Daily Intelligence Driven Analysis in the reporting of crime trends. By successfully achieving this objective, MDPD will also accomplish two important things. First, enforcement initiatives can be shifted from numbers-based crime fighting efforts that are mostly reactive in nature to identifying underlying causes of crime by addressing community concerns, thereby embracing a more proactive approach to crime deterrence and prevention. Additionally, this training will ensure that managers understand their individual roles in the department-wide implementation of COP, even beyond traditional road patrol.

(2) The second objective is to create a direct link between CompStat/COP and MDPD's strategic plan. By establishing this direct connection, departmental entities will be required to actively use COP concepts and the SARA model in the performance of daily tasks in order to accomplish established goals and objectives. Successful implementation of this phase will require the careful implementation data security measures in order to safeguard against the inappropriate distribution of sensitive or confidential information.

(3) The third objective is to make all COP training available to employees via on-line learning segments, with periodic refreshers and updates. This ensures long-term sustainability of the initiative, and will continually reinforce the use COP principles and the SARA problem-solving model in all aspects of departmental decision-making.

C. Management and Implementation Plan (including strategy to be used to achieve goals and objectives).

The MDPD Community Oriented Policing and Problem-Solving Initiative will be implemented in three phases that correspond to the three primary objectives outlined in the project narrative section.

Phase 1 involves researching and developing the training curriculum, including the methodology associated with the modified SARA model and its integration into the CompStat reporting process. This phase also includes the subsequent presentation of this training to management and command level personnel (rank of lieutenant and higher). The first six months of the grant period will be dedicated to research, development, and course preparation. In addition, a brief video segment will be produced introducing the concept. This video will be distributed on DVD's to departmental entities,

and will also be made available for viewing online. Training conferences for department managers and executives will commence in April 2008 and will continue through to September 2008. No less than 10 training sessions, and two make-up sessions, will be required to train all designated personnel (approximately 300). Several of these training conferences will also be web-cast to remote departmental entities and, if feasible, to other municipal police departments within Miami-Dade County. The web-cast videos of these training sessions will be utilized to make this training available as on-line training modules that can also be made available to all department personnel and to other local law enforcement agencies (exclusive of any department-specific or sensitive information).

Phase 2 involves creating a direct link between this CompStat/COP blend and MDPD's strategic plan. This will be accomplished by incorporating the CompStat/COP concept into MDPD's ActiveStrategy Enterprise Balanced Scorecard, the application utilized by MDPD to monitor, measure, and evaluate departmental goals and initiatives. By incorporating COP principles and the use of the SARA problem-solving model into the CompStat process, and subsequently incorporating the CompStat/COP blend into ActiveStrategy, departmental entities must actively use COP concepts and the SARA model in the performance of daily tasks in order to accomplish established goals and objectives. This integration requires the technical augmentation of the Department's existing ActiveStrategy Enterprise Balanced Scorecard application in order to load CompStat data into the application, and also to link modified SARA reports with their respective goals and/or objectives. This phase will effectively implement the standardized use of COP and the SARA model beyond road patrol and into every departmental entity. Successful implementation of this phase will require data security measures in order to safeguard against the inappropriate distribution of sensitive or confidential information. This will be accomplished during the augmentation process of the ActiveStrategy Enterprise Balanced Scorecard application. This application enhancement process will also necessitate further training of

management and executive staff, as well as employees directly involved with the data entry and management aspects of this program. This training will be provided by the vendor as part of the transition enhancement process.

Phase 3 is making introductory COP training and brief refreshers available as online training modules for department personnel at all levels. To ensure the continued success of this initiative, online training refreshers and updates will continue to be developed beyond the term of the grant. This provides for long-term sustainability of the initiative, and reinforces COP principles and the SARA model in all aspects of departmental decision-making. Once established, these ongoing training efforts will require minimal resources for program continuance. Computer-based COP training will be incorporated into the Training Bureau's cadre of ongoing training programs, and will be funded from the Training Bureau's regular operations budget in future fiscal years.

Staffing will primarily consist of a Police Training Coordinator, a sergeant, who is certified to provide COP training to departmental personnel, and also to train other COP trainers. This Police Training Coordinator will oversee the implementation of the project. He will be responsible for researching and development the training program, including the creation and preparation of all training manuals and materials that are to be issued to the participants, as well as any audio-visual presentations. This training coordinator will also be responsible for scheduling of training, logistics, coordination of instructors, preparation of course files and documentation, and other related tasks. Integral to the innovation and ultimate success of the project is coordination with our department's award-winning Computer Based Training (CBT) and Video Services (VSU) units for their collaborative efforts and expertise in the preparation of the introductory video, and in the coordination of the simultaneous web-

casting of training conferences. Both the CBT and VSU services will also be needed for the subsequent preparation of continuing online training segments.

D. Evaluation Plan/Effectiveness of Program

The success of this initiative truly lies in the department-wide shift from reactive, numbers-driven policing strategies to a more proactive, preventive approach in the delivery of police services. Overall program effectiveness rests in the effectiveness of each objective and sub-objectives. The matrix below details the performance measure corresponding to each of the listed objectives:

Performance Measure Matrix

Objective	Performance Measure	Method to Measure Success
Training MDPD Managers and Executives	Number of managers and executives trained in the use of COP and the SARA model as part of the CompStat process	Quantity
Increasing Enforcement Efforts that Address Community Concerns	The number of enforcement initiatives that are directly linked to community concerns	Quantity
Increasing Crime Prevention Initiatives	The number of initiatives that are directly aimed at deterring or preventing criminal activity by identifying and addressing root causes of the criminal activity	Quantity
Linking CompStat/COP with the Department's Strategic Plan	Developing a standardized method for utilizing COP concepts and the SARA model in the development of departmental strategy and direction.	Program Analysis
Institutionalizing the Use of COP Strategies Department-wide	The number of goals, objectives, and initiatives loaded into the ActiveStrategy Scorecards that are substantiated by a SARA report	Quantity
Continued Online COP Training and Refreshers	The number of departmental personnel who receive online COP training	Quantity
Development of a More	Feedback from departmental	Program Analysis

Proactive Approach to Law Enforcement and Problem-Solving	personnel at all levels about the initiative and its effectiveness	

The Miami-Dade Police Department will collect comprehensive data relating to this initiative, including training and training evaluations for both instructor-led training sessions and online training modules. This data will be recorded in the Training Bureau's training databases, and can easily be compiled into reports for program evaluation purposes. In addition, the individual entities will collect data and periodically report on the development of enhanced enforcement, deterrent, and prevention initiatives that address community concerns as substantiated by a SARA analysis. By virtue of the integration of the CompStat/COP concepts into the ActiveStrategy Enterprise Balanced Scorecard application, many of these initiatives will already be identified and recorded in within the application, thereby facilitating the department-wide compilation of data. Program review and analysis will provide guidance and measures by identifying program successes, as well as areas than need modification and improvement. Feedback will also be utilized to assist MDPD in evaluating its success in changing departmental enforcement strategies from largely reactive to a more proactive approach to delivering police services.

It is MDPD's vision to answer Hubert Williams' challenge to balance CompStat with community policing strategies. This initiative can help bridge the gap between these two distinct police management styles and ultimately make the organizational shift from a reactive, statistics-based policing strategy to a proactive, community-based policing strategy. Each component of this initiative allows the department to incrementally increase its capacity to institutionalize COP by standardizing the use of COP strategies and the SARA problem-solving model across all departmental entities, but with a particular emphasis on crime prevention and enforcement efforts. Successful implementation of this COP initiative within MDPD will foster a proactive approach to law enforcement that is more

responsive to the needs of the citizens of Miami-Dade County and that can foster improved citizen/police relationships. These relationships can, in turn, lead to a wide variety of collaborative crime-fighting and prevention efforts and innovative community-centered enforcement initiatives. These changes can positively impact the community and ultimately enhance the quality of life of residents and visitors of Miami-Dade County. Successful implementation of this initiative can also serve as a model for other law enforcement agencies across the country. The concepts and methods developed can be adapted to meet the needs of individual agencies and communities nationwide.

Section 7: Need for Federal Assistance

The Miami-Dade Police Department (MDPD), like all government entities throughout the state of Florida, will be facing significant budget reductions in the years to come. As a result of the Florida homeowners' real estate tax crisis in recent years and subsequent legislation to correct it, Miami-Dade County is facing a minimum of $350 million in budget cuts across the board in 2007-2008, and further cuts may be implemented this January. For MDPD, these reductions translate directly to hiring fewer officers, reduced special enforcement initiatives, and minimal capital improvement projects. Many worthy programs will be placed on the backburner as the Department struggles to deliver current levels of police service with significantly reduced funding.

The Community Oriented Policing and Problem-Solving Initiative is one such project. This project will profoundly impact the department's approach to problem-solving and reporting, at all levels, and can fully institutionalize community oriented policing principles and the use of the SARA model deparment-wide. The successful implementation of this COP initiative within MDPD will create a proactive approach to law enforcement that is more responsive to the needs of the citizens of Miami-Dade County. Improved citizen/police relationships can lead to collaborative crime-fighting and crime-reducing efforts. This is of significant value to the community and to MDPD. Unfortunately, due to budget constraints, this initiative will not receive funding through MDPD's general fund in the upcoming fiscal years. This grant will give MDPD the opportunity to fully implement this project at a time when local funding is scarce.

Miami-Dade Police Department

Community Oriented Policing and Problem-Solving Initiative

Budget Narrative

A. Sworn Personnel – No sworn personnel are requested

B. Civilian Personnel – No civilian personnel are requested

C. Equipment/Technology

The MDPD Community Oriented Policing and Problem-Solving Initiative will require the purchase of the following technology and equipment:

(1) One broadcast-quality video camera - In order to webcast a live feed of the training conferences, and to subsequently utilize that video footage in the development of online training modules, the purchase of a broadcast-quality video camera is necessary. While our Video Services Unit does currently own video cameras, none are of the professional grade required to web-cast a quality product. It is the goal of this initiative to broadcast to other agencies outside of MDPD, and poor video quality could be a detriment to the effectiveness of the training.

(2) One Nomad mobile multi-media presentation cart - These podiums provide in a single unit all the audio-visual and technology components necessary to effectively deliver webcast- quality multi-media presentations with the added benefit of complete mobility. The Training Bureau currently has a severe shortage of classroom space available onsite for non-mandatory training. As a result, many high-liability training programs are held off-site or at remote departmental

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entities. These spaces often do not have readily available all the audio-visual technology requested by instructors. Even some existing classrooms located on the Training Bureau complex do not have audio-visual equipment installed. The acquisition of one Nomad mobile A/V cart gives us the freedom to provide the training at any given location with the full use of completely integrated audio-visual technology that will also compliment the web-based broadcast technology described in this proposal.

(3) Of vital importance, and by far the largest expenditure, is the purchase of the ActiveStrategy Enterprise Balanced Scorecard application enhancement that will enable the integration of CompStat/COP into the department's strategic planning process. This enhancement will allow for the automation of data and measurement loading, the modification of existing departmental Scorecards to include CompStat/COP data and their corresponding SARA reports, if applicable, and the alignment of departmental goals and objectives. This enhancement also includes the instructor-led training, provided by the vendor, to end-users and data entry and management personnel, including program reference materials (referred to as Briefing Books) that allows managers to present data in a familiar manner. Included in this proposal are the following consulting fees:

Project Manager - $150/hr

Executive Consultant - $200/hr.

Senior Consultant - $175/hr.

Senior Tech. - $150/hr.

We will make a formal request through the US Department of Justice requesting a waiver for the maximum allowed fees for consultation services.

D. Other Costs

The research and development of a new training program will require the preparation of training materials for distribution to training class participants, and also to complement online training modules. These materials will be compiled in the form of training manuals that will be duplicated either at MDPD's Training Bureau or, if this is unfeasible, through Miami-Dade County's General Services Administration. These training materials are essential to the thorough presentation of training material, and are an important resource to aid in the retention of important information.

E. Supplies

The distribution of the introductory DVDs requires the purchase of DVDs, jewel cases, and labels.

F. Travel/Training

Training as mentioned above for the ActiveStrategy Enterprise Balanced Scorecard, will be required.

G. Contracts/Consultants

See Section B (3)

F. Indirect Costs – No indirect costs will be incurred.