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

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| **Instructions** |
| * Before beginning to fill out your JAG 2015 VCP Grant Project Budget, please read and review the [Grant Application Rules and Requirements](http://www.ct.gov/opm/lib/opm/cjppd/jag_vcp/jag_vcp_application_requirements.docx) document which outlines the intent of the grant program and addresses allowable and unallowable costs.
* The **due date** for the JAG 2015 VCP application is **March 4, 2015**
* The project narrative document must be completed, **signed** and **dated** as indicated under Applicant Information.
* Once completed, please convert your completed project narrative document to **PDF format**.
* Please attach the completed project narrative PDF document, along with the other required grant application PDF documents as one "master" e-mail submittal and send the single e-mail to: **JAG2015Local.opm@ct.gov**
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| **Applicant Information** |
| Applicant Name:       |
| Town:       |
| Signature of **JAG 2105 VCP Grant Manager:** |
| Date:       |

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

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

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

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

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| 1. **Please briefly explain how the activities will address violent crime? Describe purpose of activities and expected outcome.**
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| 1. **Do you plan to hold an event using the JAG funds?**

**(Examples Include: Safe streets operations, community outreach campaigns)**  |
|  [ ]  **Yes**  | [ ]  **No (Skip to next section)**  |

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

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

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

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| 1. **Indicate the type of position supported with overtime hours using JAG funds. Briefly State the purpose of the overtime.**

**(Examples Include: Attend training, surveillance operation, special patrol, citizen academy)**  |
| **Check All That Apply** | **Position Title** | **Purpose of Overtime**  |
|[ ]  Police officer  |       |
|[ ]  Corporal  |       |
|[ ]  Detective or Investigator  |       |
|[ ]  Sergeant |       |
|[ ]  Lieutenant |       |
|[ ]  Captain  |       |
|[ ]  Major  |       |
|[ ]  Lieutenant Colonel  |       |
|[ ]  Colonel  |       |

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

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

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

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

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

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

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