

## GRANT APPLICATION SUMMARY SHEET

**Grant Name:** 2021 PSN Middle Grant 21-22

**Department:** POLICE DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF JUSTICE

**Pass-Through Grantor (If applicable):** TENN. DEPT. OF FIN. & ADMIN.

**Total Applied For:** \$143,732.00

**Metro Cash Match:** \$0.00

**Department Contact:** Jim Stephens  
880-2850

**Status:** CONTINUATION

**Program Description:**

Funding will be used for reducing violent crime in Davidson County. This funding will be used to pay for overtime and equipment to investigate violent gun crimes in targeted areas for enhanced prosecution.

**Plan for continuation of services upon grant expiration:**

Project is totally grant funded and will cease upon expiration of the grant.

**APPROVED AS TO AVAILABILITY OF FUNDS:**

**APPROVED AS TO FORM AND LEGALITY:**


DocuSigned by:  
  
 5/18/2021  
 Director of Finance Date  
 TE

DocuSigned by:  
  
 5/20/2021  
 Metropolitan Attorney Date

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
  
 5/19/2021  
 Director of Risk Management Date  
 Services

DocuSigned by:  
  
 5/20/2021  
 Metropolitan Mayor Date  
 (This application is contingent upon approval of the application by the Metropolitan Council.)  
 KW

Budget Analyst Initial   
 5246

### Grants Tracking Form

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input checked="" type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input type="radio"/>	
Department	Dept. No.	Contact		Phone	Fax		
POLICE DEPARTMENT	031	Jim Stephens		880-2850	880-3077		
<b>Grant Name:</b>	2021 PSN Middle Grant 21-22						
<b>Grantor:</b>	U.S. DEPARTMENT OF JUSTICE			<b>Other:</b>			
<b>Grant Period From:</b>	07/01/21	<small>(applications only)</small> Anticipated Application Date:		05/21/21			
<b>Grant Period To:</b>	06/30/22	<small>(applications only)</small> Application Deadline:		08/24/20			
<b>Funding Type:</b>	FED PASS THRU	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>	TENN. DEPT. OF FIN. & ADMIN.	<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>	COMPETITIVE	<b>Total Award:</b>		\$143,732.00			
<b>Status:</b>	CONTINUATION	<b>Metro Cash Match:</b>					
<b>Metro Category:</b>	Est. Prior.	<b>Metro In-Kind Match:</b>					
<b>CFDA #</b>	16.609	<b>Is Council approval required?</b>		<input type="checkbox"/>			
<b>Project Description:</b>	Funding will be used for reducing violent crime in Davidson County. This funding will be used to pay for overtime and equipment to investigate violent gun crimes in targeted areas for enhanced prosecution.						
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
Project is totally grant funded and will cease upon expiration of the grant.							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or	<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>		
<b>Explanation for "Other" means of determining match:</b>							
No match requirement							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>			<b>Fund</b>	<b>Business Unit</b>			
<b>Is not budgeted?</b>			<b>Proposed Source of Match:</b>				
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		0.00	<b>Actual number of positions added:</b>				
<b>Departmental Indirect Cost Rate</b>		30.32%	<b>Indirect Cost of Grant to Metro:</b>		\$43,579.54		
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>% Allow.</b>	0.0%	<b>Ind. Cost Requested from Grantor:</b>			
				\$0.00 <b>in budget</b>			
<small>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</small>							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	\$143,732.00			\$0.00		\$0.00	\$143,732.00	\$43,579.54	\$0.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		\$143,732.00	\$0.00	\$0.00	\$0.00		\$0.00	\$143,732.00	\$43,579.54	\$0.00
<b>Date Awarded:</b>					<b>Tot. Awarded:</b>		<b>Contract#:</b>			
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact:

[trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

*VW*

## Scope of Services/Project Narrative

### PSN Middle FFY19

**Implementing Agency: Metropolitan Nashville Police Department**

#### **PROBLEMS FOR INTERVENTION AND NEEDS TO BE IMPROVED**

*Problem Description* – What is the nature and magnitude of the problem(s) to be solved by the proposed funding? This should be based on your agency's own data and/or other relevant sources and describe in detail the most pressing problems in your service/impact area. The problem statement should also identify the needs of the community based on relevant and timely data. This should be light on demographics and geography. (See *Open Solicitation Blurb* for project requirements)

**Gun Violence has impacted the citizens of Nashville and their quality of life over the last several years.**

**2014 was a year where we had the fewest homicides in years (approximately 48) but that total rose to well over 100 in 2017. It decreased slightly to 89 in 2018, and 84 in 2019.**

**In 2015 we began using and tracking NIBIN (National Integrated Ballistic Information Network) data to combat the increase in gun violence. NIBIN utilizes forensic linkages of cartridge casings as leads between related shooting incidents.**

**In tracking this data we see extremely high rates of linked gun crime scenes in multiple zones located within the enforcement areas listed below.**

**As a department we are approaching almost 3000 NIBIN leads. The most current statistics that encompass primarily 2019 and 2020 incidents break down the following numbers of incidents for the project zones: 111 = 18, 211 = 26, 221 = 21, 321 = 16, 325 = 12, 335 = 16, 511 = 36, 611 = 66, 613 = 37, 615 = 15, 621 = 27, 623 = 31, and 721 = 310.**

**These NIBIN related incidents include robberies, shootings of people where victims survived, residential damage, and homicides. In total there were over 800 people affected in these NIBIN related incidents as victims, witnesses and suspects. Of the over 800 people 490 have criminal records with 37 being known gang members. The MNPD gang unit has documented over 1500 confirmed gang members in the greater Nashville area.**

**Across the county, robberies, shootings, damage to property, and homicides account for over half of all of the NIBIN associated incidents.**

**An increase in focus on these NIBIN related investigative leads and the intelligence derived from the data would enable the department to interrupt these shooting cycles, focus investigative efforts on suspects willing to pull the trigger, decrease gun related violence and increase the quality of life for the citizens in these areas most affected.**

**The additional deterrent of having a greater number of these cases receive enhanced prosecution where penalties are more substantial provides even greater impact on the MNPD's ability to effectively reduce these types of violent crimes.**

**ATTACHMENT A**  
**APPLICATION FOR FUNDING**  
**GRANT PROJECT NARRATIVE**  
**(Narrative Page 2)**

## **ELIGIBILITY**

Eligible subrecipients are limited to the Metropolitan Government of Nashville-Davidson County. Our agency is the Metropolitan Nashville Police Department located in Davidson County, TN. Applicants for this funding must allocate at least 30% of funds to combatting gang attacking, violent crime and firearms offenses. The department is constantly tracking gang activity and membership within the jurisdiction especially as it relates to violent crime and firearms offenses. We will combine the data we already have regarding gang membership and the data included in leads for violent crimes established through the NIBIN and ATF eTrace systems to have an evidence led violence reduction strategy. This will be used to investigate crimes where firearms were used and to investigate potential “straw purchasers” in an attempt to stop guns from being provided to prohibited offenders.

The department already has extensive data tracking mechanisms using the records management system (RMS) that update on a weekly basis at a minimum that will allow us to track frequency and locations of these violent acts. In addition there is data in RMS that allows us to quickly ascertain which established gangs have the highest levels of membership and whether or not those members are related to violent acts.

The department also actively tracks firearms arrests that occur on a daily basis and has a system of communication in place facilitating an almost daily dialogue with federal prosecutors to determine which of those firearms arrests would be best served by prosecution in the federal courts.

The MNPD has recently reorganized the Specialized Investigations Division to create 6 teams referred to as T.I.T.A.N.S. (The Investigative Teams Addressing Neighborhood Shootings) that specifically address violent firearm offenses, gang activity, and sources of firearms to prohibited persons. There are 6 teams with 1 supervisor and 6 investigators allocated for each team for a total of 36 detectives and 6 Sergeants. 1 team is comprised of the personnel that was formerly known as the Crime Gun Unit and 2 teams are from the MNPD's former Gang Unit.

## **PURPOSE**

This section should include goals and objectives of the project.

**Goals** – The goals are the general statement of long range benefits to the client or community that you are seeking to accomplish.

Using NIBIN leads is an effective way to deal with gun crime within a community. This project will enable the department to institutionalize the use and training related to NIBIN leads provided by our crime lab which will enable us to take a precision approach to keeping gun related violence to a sustained minimum.

**Objectives** – The objectives are the general strategies (not specific activities) to be employed to accomplish the above stated goals.

**Objective 1: Enhance the ability of the T.I.T.A.N.S. (The Investigative Teams Addressing Neighborhood Shootings) working with ATF partners to follow leads and investigate NIBIN related incidents that can be prosecuted at the state and federal level.**

**Objective 2:** Provide additional training and opportunities to the MNPd investigators to follow-up on NIBIN related leads.

**Objective 3:** Use the ATF E-trace program to investigate suspicious firearm purchases by prioritizing firearms seized and linked to NIBIN related incidents over other non-linked seized firearms.

**Objective 4:** To purchase protective equipment (non-military), barriers and other equipment to protect personnel in their daily operations to investigate NIBIN related incidents related to the PSN grant only.

## **ACTIVITIES**

Activities are what a project does with the inputs to fulfill its mission. This section should describe the planned activities, major interventions or program elements designed to accomplish the goals of the project. You should describe the activities to be employed by the project to achieve the desired results. For projects requesting multi-year funding, describe and delineate how activities may change over the period of the grant if at all. *Link the activities to the stated Objectives listed above. Repeat the section below as necessary.*

**Objective 1:** Overtime will be allotted to the members of the TITANS teams to create additional opportunities for Unit detectives to analyze NIBIN data as assistance to the precinct and gain additional investigative leads for cases led by TITANS detectives with a focus of at least 30% of granted funds to be used in NIBIN leads which involve confirmed gang members. We have a statistical tracking mechanism already in place allowing us to determine when funds are used on a criminal case involving gang and non-gang members.

- Activities – Overtime used for investigative follow-up of NIBIN leads

**Objective 2:** Overtime will be allotted to the TITANS teams to follow-up on NIBIN leads after completing at least a 4 hour block of training conducted by Sgt. Joseph Winter and detectives from his former investigative team known as the Crime Gun Unit. This will provide a clear understanding of how to investigate NIBIN leads and familiarity of the minimum investigative follow-up actions to be completed for each lead.

- Activities – Overtime to be used by precinct investigators for investigative follow-up after completing training.

**Objective 3:** Investigative follow-up for suspicious firearm traces that are associated to NIBIN related incidents. This follow-up investigation will be contained to firearms not reported stolen, with low time to crime rates [less than 2 years] and that are forensically linked to NIBIN related incidents.

- Activities - Interviews to be conducted of firearms purchasers meeting these criteria and evaluated for potential prosecution of fraud or “straw purchasing”.

**Objective 4:** Purchasing protective equipment for personnel assigned to investigate NIBIN related cases. These purchases will be tracked through the MNPd Fiscal Unit and reported to the grantor in the prescribed reporting system. This protective equipment will only be assigned to personnel who are working NIBIN related cases related to the PSN grant only.

**ATTACHMENT A**  
**APPLICATION FOR FUNDING**  
**GRANT PROJECT NARRATIVE**  
**(Narrative Page 4)**

- **Activities – Protective equipment will only be utilized by personnel assigned to work cases related to the PSN grant.**

### **IMPLEMENTATION TIMELINE FOR ACCOMPLISHING KEY GRANT ACTIVITIES**

This section should include a comprehensive timeline with concrete implementation and execution dates. The structure of the timeline should be feasible, and outline the best scenario for achieving goals and objectives. Please add additional lines as necessary.

Activity/ Output	Position of Person Completing	Due Date for Completion
NIBIN lead training for Investigators	Sgt. Joseph Winter and designated detective(s) from "TITANS A"	within 45 days of grant award
Establish min investigative standards for NIBIN follow-up	Already established from previous Crime Gun Unit	within 30 days of grant award
NIBIN lead follow-up	TITANS teams.	minimum standard lead investigations to be completed within 10 working days
Purchasing of protective equipment	Sgt. Joe Winter	within 45 days of grant award

### **INPUTS**

This section should describe the factors your project requires to conduct its activities and to achieve its goals and objectives. For example, an after school program would need to have an evidence based program and appropriate referrals from an outside resource to be able to execute the project effectively. Provide a brief description of grant funded position's responsibilities.

Include special degrees, educational requirements or experience which are requirements of the grant-funded positions. In addition to this grant, what other resources are being offered by your agency? Outline the organizational structure including all who work with the project regardless of whether or not their salaries are grant funded. To what extent would this grant affect the overall project budget? Would this grant fund the entire project or are there other resources that would be leveraged to benefit this project? Give some detail.

**Training provided to the select investigators using grant funds will be required. All investigators will be POST certified police officers assigned to investigative units within the Metro Nashville Police Department with jurisdiction over the affected areas.**

**These types of investigations are already occurring and this grant will give the opportunity to investigate NIBIN related incidents that may be currently "filed" cases or cases suspended prior to the forensic linkage being established.**

**Personnel dedicated to the use of these funds for NIBIN investigations will be:**

- **Up to 36 Detectives (Police Officer II) assigned to the Specialized Investigations Division T.I.T.A.N.S. teams**

**ATTACHMENT A**  
**APPLICATION FOR FUNDING**  
**GRANT PROJECT NARRATIVE**  
**(Narrative Page 5)**

- **6 Sergeants assigned to the SID TITANS teams. Sgt. Joseph Winter of "TITANS A" is designated to oversee administered funds and investigative follow-up.**
- **1 Lieutenant assigned to the Specialized Investigations Division**

**The Specialized Investigations Division is specifically tasked and trained to address violent gun crime, firearms trafficking, and drug tracking with dedicated personnel (36 dedicated detectives and 6 dedicated sergeants to address violent crime alone). In addition almost half of the personnel assigned to TITANS teams were formerly assigned to the MNPD SID Gang Unit giving them unique experience and addressing, tracking and documenting gang activity.**

### **DATA COLLECTION PROCEDURE**

Describe the data collection procedures you will undertake to collect and report the outputs and outcomes of the planned services or interventions. E.g. stakeholder questionnaires, client satisfaction surveys, case records, etc. Describe how you will document your activities and collect the data you will report for the quarterly PMT reports and OCJP Annual Report. Questions to be answered are; who will collect the data as well as how and when. In addition, describe how your agency will use the data collected to evaluate the goals of the project and the work performed and plan accordingly.

**The Sergeant assigned to the SID "TITANS A" team (Sgt. Joseph Winter) will consistently collect and maintain the data related to actions using grant funds. The data collected will record the statistical measures listed below in the intended outputs section along with case tracking involving the following:**

- 1. Which specific NIBIN cases were investigated using grant funds and the number of cases that involved confirmed Gang Members.**
- 2. Number and names of confirmed gang members investigated and arrested as a result of the investigations.**
- 3. Date of NIBIN assignments made along with data case is closed / completed**
- 4. Assigned case detective(s)**

**Checklist of minimum requirements for each NIBIN related incident investigative follow-up will be required with each completed requirement having sufficient documentation of completion along with statistical data section that captures the below statistical data at a minimum.**

### **COLLABORATION ACTIVITIES (REQUIRED)**

Collaboration is defined as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone. Collaboration should describe the ongoing working relationship where ideas are exchanged a common purpose and common goals are planned and attained. **All applicants are strongly encouraged to collaborate with other agencies to achieve similar goals.**

The MNPD personnel assigned to these investigations will work alongside of our ATF and FBI partners along with the Federal and State prosecutors to evaluate investigative progress and the most appropriate prosecution strategies. Currently we have 6 ATF agents, and an assistant US Attorney assigned to work and consult in these investigations. The MNPD is also in the process of establishing Task Force Officers with the ATF to assist in prosecutorial efforts at the federal level.

### **INTENDED OUTPUTS (Products)**

This section should describe the outputs or internal measures of the amount of work done within the project. **Outputs are the direct products of program activities** and usually are measured in terms of the volume of work accomplished. Outputs refer to the completion of tasks you are required to accomplish over the course of the project.

•**Statistical outputs that will be measured and compiled will be:**

- o Number of Interviews for each incident completed
- o Number of arrests made in association with each NIBIN related incident with the number of Gang Members arrested counted as a separate statistic.
- o Number of cases cleared by exception as defined by TIBRS (to be provided if needed).
- o Number of firearms seized during investigation.
- o Number of firearms traffickers identified and prosecuted.
- o Number of search warrants executed as a result of investigation.

### **INTENDED OUTCOMES (Results)**

Outcomes describe the difference the project will make for its participants and/or the community as a whole. The outcomes for a project should be **measurable** based upon a set of defined criteria. Project goals should be set for each criterion. For projects requesting multi-year funding, describe how outcomes may be expected to change over the period of the grant.

- Reduction in year over year homicides by 5% the calendar year 2019 and 10% for calendar year 2020.
- Reduction in aggravated assaults where someone is actually shot by 10% within a year and sustained or lowered in the year that follows.
- Identification and Prosecution of 2 illegal gun traffickers for each of the next 2 years.

### **PROJECT SUMMARY (Mandatory)**

Applicants must provide a project summary that includes the applicant's name, title of project, the goals of the project, type of programs to be implemented, a **brief** description of strategies to be used, major deliverables, and coordination plans. The project summary must not exceed one-half page, or 400-500 words.

**Title of Project: MNPd Enhanced Gun Crime Reduction**

**The goals of the project are to reduce gun related violence in Nashville with specific goals of a 5% to 10% reduction in homicides, 10% reduction in injuries from shootings, and the successful identification and prosecution of 4 illegal gun traffickers in the next 2 years. We will implement intense follow-up investigation and prosecution of subjects using firearms by utilizing NIBIN leads and the ATF E-trace program combined with federal and state prosecutions in coordination with our federal law enforcement partners. The strategy to be used will involve investigators following leads provided by forensic linkages of crime scenes provided by the NIBIN program and E-trace to identify and prosecute the offenders of illegal use and trafficking. We will work directly with ATF and FBI personnel**



**ATTACHMENT A  
APPLICATION FOR FUNDING  
GRANT PROJECT NARRATIVE  
(Narrative Page 7)**

**to identify, locate and prosecute the offenders while determining the best strategies for prosecution in coordination with our federal and state prosecutors.**

**UPON COMPLETION OF THIS SCOPE OF SERVICE/NARRATIVE SAVE A COPY AND SUBMIT IT ALONG WITH YOUR BUDGET FORM TO OCJP VIA THE E-MAIL NOTED IN SOLICITATION.**

GRANT BUDGET				
<b>AGENCY NAME: Metro Gov of Nashville and Davidson</b>				
<b>FUND SOURCE: PSN 63888</b>				
<b>SOLICITATION NUMBER:</b>				
<b>The grant budget line-item amounts below shall be applicable only to expense incurred during the following</b>				
<b>Applicable Period:</b>		<b>BEGIN: 07/01/2021</b>	<b>END: 06/30/2022</b>	
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup>	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes <sup>2</sup>	\$103,807.00	\$0.00	\$103,807.00
4, 15	Professional Fee, Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications <sup>2</sup>	\$39,925.00	\$0.00	\$39,925.00
11, 12	Travel, Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance <sup>2</sup>	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost <sup>2</sup>	\$0.00	\$0.00	\$0.00
24	In-Kind Expense <sup>2</sup>	\$0.00	\$0.00	\$0.00
n/a	Grantee Match Requirement (for any amount of the required Grantee Match that is <u>not</u> specifically delineated by budget line-items above)	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$143,732.00</b>	<b>\$0.00</b>	<b>\$143,732.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*.  
(posted on the Internet at: <https://www.tn.gov/content/dam/tn/finance/ocjp/Appendix J Policy 03 Report.xls>)

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**CASH MATCH SHOULD BE REFLECTED IN THE TOTAL PROJECT AMOUNT IN THE SUMMARY AND  
DETAIL PAGES WHEN APPLICABLE**

ATTACHMENT A-1

Page 2

**GRANT BUDGET LINE-ITEM DETAIL:**

AGENCY NAME: Metro Gov of Nashville and Davidson

FUND SOURCE: PSN 63888

SOLICITATION NUMBER:

<b>SALARIES, BENEFITS &amp; TAXES</b>	<b>AMOUNT</b>
Summary of individual positions that will support project activities. Review Instructions for examples.	\$0.00
Position 1: Sergeant, Salary and Benefits for Overtime \$ 19,729.47, Estimated Time on Project 13%	\$19,870.00
Position 2: Police Officer II, Salary and Benefits for Overtime \$ 10,128.00, Estimated Time on Project 14%	\$16,787.48
Position 3: Police Officer II, Salary and Benefits for Overtime \$ 10,128.00, Estimated Time on Project 14%	\$16,787.38
Position 4: Police Officer II, Salary and Benefits for Overtime \$ 10,128.00, Estimated Time on Project 14%	\$16,787.38
Position 5: Police Officer II, Salary and Benefits for Overtime \$ 10,128.00, Estimated Time on Project 14%	\$16,787.38
Position 6: Police Officer II, Salary and Benefits for Overtime \$ 10,128.00, Estimated Time on Project 14%	\$16,787.38
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$103,807.00</b>

*Note: Benefits must be calculated at the same or lesser percentage as the salary for each position.*

<b>PROFESSIONAL FEE, GRANT &amp; AWARD</b>	<b>AMOUNT</b>
<Please provide description here>	\$0.00
<Please provide description here>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE &amp; SHIPPING, OCCUPANCY, EQUIPMENT RENTAL &amp; MAINTENANCE, PRINTING &amp; PUBLICATION</b>	<b>AMOUNT</b>
Occupancy: <Please provide description here>	\$0.00
Supplies: <Please provide description here>	\$0.00
Sensitive Minor Equipment: ATS Aegis Body Armor carrier \$5,775.00 6x8 side armor, soft armor plus front and back \$10,000.00 Talon Litter for a vehicle \$1,800.00 Lightweight Breaching kit \$ 2,100.00 Ballistic Shield \$10,500.00 Slimline Medical Pouches \$2,100.00 Dump Pouches \$600.00 Low pro surveillance earpieces and equipment \$6,300.00	\$39,925.00

All Other Items: <i>&lt;Please provide description here&gt;</i>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$39,925.00</b>

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel: <i>&lt;Please provide description here&gt;</i>	\$0.00
Training and Conferences Attended by Agency Staff: <i>&lt;Please provide description here&gt;</i>	\$0.00
Training and Conferences Implemented by Agency: <i>&lt;Please provide description here&gt;</i>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

INSURANCE	AMOUNT
Description of Insurance: <i>&lt;Please provide description of Insurance here&gt;</i>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Description of Specific Assistance to Individuals: <i>&lt;Please provide descriptions of Specific Assistance to Individuals here&gt;</i>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

DEPRECIATION	AMOUNT
Description of Depreciation: <i>&lt;Please provide description of depreciation here&gt;</i>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

OTHER NON-PERSONNEL	AMOUNT
Prior approval required by OCJP before budgeting in this line. Specific, Descriptive, Detail required. <i>&lt;Please provide description here&gt;</i>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

CAPITAL PURCHASE	AMOUNT
Description of Capital Purchases: <i>&lt;Please provide description of Capitol Purchases here&gt;</i>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

INDIRECT COST	AMOUNT
Description of Indirect Costs: <i>&lt;Please provide description of Indirect Costs here&gt;</i>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

IN-KIND EXPENSE	AMOUNT
Volunteer Time: <i>&lt;Please provide description here&gt;</i>	\$0.00
Donated Space: <i>&lt;Please provide description here&gt;</i>	\$0.00
Donated Goods: <i>&lt;Please provide description here&gt;</i>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs

312 Rosa Parks Ave, Ste. 1800

Nashville, TN 37243-1102

**High-Risk Designation Certification**

The Office of Criminal Justice Programs (OCJP) subrecipients of Department of Justice (DOJ) funds are required to disclose whether the subrecipient is designated "high risk" by a federal grant-making agency. If the subrecipient is designated "high risk" by a federal grant-making agency, currently or at any time during the course of the period of performance under this award, **the subrecipient must disclose that fact and certain related information to Office of Criminal Justice Programs (OCJP) by emailing the Program Manager.**

For purposes of this disclosure, high risk includes any status under which a federal awarding agency provides additional oversight due to the recipient's past performance, or other programmatic or financial concerns with the recipient. The recipient's disclosure must include the following:

1. The federal awarding agency that currently designates the recipient high risk,
2. The date the recipient was designated high risk,
3. The high-risk point of contact at that federal awarding agency (name, phone number, and email address), and
4. The reasons for the high-risk status, as set out by the federal awarding agency.

The recipient agrees to comply with any additional requirements that may be imposed by the OCJP during the period of performance for this award, if the recipient is designated as "high- risk" for purposes of the DOJ high-risk grantee list.

**Name and Title of Authorized Official or Designee:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County

1 Public Square

Nashville, TN. 37201

Authorized Signature of the Applicant Agency or Designee

Date



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs

312 Rosa Parks Ave, Ste. 1800

Nashville, TN 37243-1102

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**Information regarding Communication with DHS or ICE**

Does your jurisdiction have any laws, policies, or practices related to whether, when, or how employees may communicate with DHS or ICE?

No

Is your jurisdiction subject to any laws from a superior political entity (e/g/, a state law that binds a city) that meet the description in question 1?

Yes

If Yes to either

Please provide a copy of each law or policy, Attach to this Certification

Please describe each practice

The Metropolitan Government of Nashville and Davidson County fully complies to the following state laws: T.C.A. 2-7-112, T.C.A. 7-68-101, T.C.A. 7-68-102, T.C.A. 7-68-103, T.C.A. 7-68-104, T.C.A. 50-1-103, T.C.A. 55-50-321, T.C.A. 4-59-101, T.C.A. 4-59-102, T.C.A. 4-59-103, T.C.A. 4-59-104 and T.C.A. 8-50-120.

And please explain how the law, policy, or practice complies with section 1373

By complying with these state laws, the Metropolitan Government of Nashville and Davidson County complies with 8 U.S. Code 1373. Therefore, the Metropolitan Government of Nashville and Davidson County does not prohibit, or in any way restrict, any government entity or official from sending to, or receiving from, the Immigration and Naturalization Service information regarding the citizenship or immigration status, lawful or unlawful, of any individual.



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs  
312 Rosa Parks Ave, Ste. 1800  
Nashville, TN 37243-1102

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**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County

1 Public Square

Nashville, Tn. 37201

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Authorized Signature of the Applicant Agency

---

Date



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs

312 Rosa Parks Ave, Ste. 1800

Nashville, TN 37243-1102

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**Certification Regarding Research and Evaluation Independence and Integrity**

This certification is required because project #26635 involves research and/or evaluation, and the Bureau of Justice Assistance requires that project staff demonstrate research/evaluation independence, including appropriate safeguards to ensure research/evaluation objectivity and integrity, both in this proposal and as it may relate to the applicant's other current or prior related projects. This certification addresses any potential conflicts of interest which may exist between agency staff that are participating in either the assessment of pretrial risk assessment pilot sites, or the provision of technical assistance and evaluation services at the pilot sites once they are selected and granted sub-awards through the Tennessee Office of Criminal Justice Programs.

Please check either option (a) or option (b) and provide any applicable supporting documentation for both sections (i) and (ii) as it relates to this funded project #26635 and its relationship to each of the potential applicant communities being considered for funding as pretrial risk assessment pilot sites listed below.

i. For purposes of this solicitation, applicants must document research and evaluation independence and integrity by including, at a minimum, one of the following two items:

a. The grantee has reviewed its proposal to identify any research integrity issues (including all principal investigators and sub-recipients) and it has concluded that the design, conduct, or reporting of research and evaluation funded by BJA grants, cooperative agreements, or contracts will not be biased by any personal or financial conflict of interest on the part of part of its staff, consultants, and/or sub-recipients responsible for the research and evaluation or on the part of the applicant organization;

OR

b. The grantee will provide a specific listing of actual or perceived conflicts of interest that the grantee has identified in relation to this project. These conflicts could be either personal (related to specific staff, consultants, and/or sub-recipients) or organizational (related to the applicant or any subgrantee organization). Examples of potential investigator (or other personal) conflict situations may include, but are not limited to, those in which an investigator would be in a position to evaluate a spouse's work product (actual conflict), or an investigator would be in a position to evaluate the work of a former or current colleague (potential apparent conflict). With regard to potential organizational conflicts of interest, as one example, generally an organization could not be given a grant to evaluate a project if that organization had itself provided substantial prior technical assistance to that specific project or a location implementing the project (whether funded by OJP or other sources), as the organization in such an instance would appear to be evaluating the effectiveness of its own prior work. The key is whether a reasonable person understanding all of the facts would be able to have confidence that the results of any research or



evaluation project are objective and reliable. Any outside personal or financial interest that casts doubt on that objectivity and reliability of an evaluation or research product is a problem and must be disclosed.

ii. In addition, for purposes of this award the grantee must address the issue of possible mitigation of research integrity concerns by including, at a minimum, one of the following two items:

X a. If a grantee reasonably believes that no potential personal or organizational conflicts of interest exist, then they should provide a brief narrative explanation of how and why it reached that conclusion. The grantee **MUST** also include an explanation of the specific processes and procedures that the applicant will put in place to identify and eliminate (or, at the very least, mitigate) potential personal or financial conflicts of interest on the part of its staff, consultants, and/or sub-recipients for this particular project, should that be necessary during the grant period. Documentation that may be helpful in this regard could include organizational codes of ethics/conduct or policies regarding organizational, personal, and financial conflicts of interest.

OR

b. If the grantee has identified specific personal or organizational conflicts of interest in its proposal during this review, the applicant must propose a specific and robust mitigation plan to address conflicts noted above. At a minimum, the plan must include specific processes and procedures that the applicant will put in place to eliminate (or, at the very least, mitigate) potential personal or financial conflicts of interest on the part of its staff, consultants, and/or sub-recipients for this particular project, should that be necessary during the grant period. Documentation that may be helpful in this regard could include organizational codes of ethics/conduct or policies regarding organizational, personal, and financial conflicts of interest. There is no guarantee that the plan, if any, will be accepted as proposed.

Considerations in assessing research and evaluation independence and integrity will include, but are not be limited to, the adequacy of the applicant's efforts to identify factors that could affect the objectivity or integrity of the proposed staff and/or the organization in carrying out the research, development, or evaluation activity; and the adequacy of the applicant's existing or proposed remedies to control any such factors.

The project staff member listed below certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the grant guidelines.

John Cooper, Mayor

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**Staff Name and Title (Printed)**

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**Staff Person Signature and Date**

**NON-SUPPLANTING CERTIFICATION**

This is to certify that I have read, understand, and agree to ensure that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available or previously budgeted for this project.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Gov't of Nashville & Davidson Co.  
1 Public Square  
Nashville, Tn. 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

Supplanting defined

Federal funds must be used to supplement existing funds for program activities and must not replace State or local funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

Supplanting and job retention

A grantee may use federal funds to retain jobs that, without the use of the federal money, would be lost. If the grantee is planning on using federal funds to retain jobs, it must be able to substantiate that, without the funds, the jobs would be lost. Substantiation can be, but is not limited to, one of the following forms: an official memorandum, official minutes of a county or municipal board meeting or any documentation, that is usual and customarily produced when making determinations about employment. The documentation must describe the terminated positions and that the termination is because of lack of the availability of State or local funds.

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**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**  
**Certifying Designee's Title:**  
**Certifying Designee's Address:**  
**Certifying Designee's Address:**

*Please complete all certifications, print them, and then sign & date each certification*

---

Authorized Signature of the Applicant Agency:

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Date:



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs

312 Rosa Parks Ave, Ste. 1800

Nashville, TN 37243-1102

## Instructions for Completing the Certification Forms

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- Read the Certifications thoroughly prior to completing the certification documents.
  
- Identify who will complete the certification documents, the Authorized Official or their Designee
  - **NOTE: A Designee is defined as a person who has been designated by the authorized official as responsible for completing the Certifications and has been granted permission by the Authorized Official to sign the documents with the Authorized Official's signature.**
  - When the Designee is completing the Certifications, the sections of the Certifications collecting the Designee's personal information must be completed in full for the Designee.
  
- The Certifications have check boxes to indicate whether the Agency certifies to the statement or whether it is not applicable. Make sure all appropriate check boxes are marked.
  
- At times, the Certification requires an explanation of why a Certification is not applicable for an agency. Agencies must then add this information to the Certification form.
  
- Agencies should review the Certifications to ensure they are completed in full, all appropriate check boxes marked, signatures and dates are present and designee information completed if necessary.
  
- Agencies should make a copy of the completed Certifications and keep them in their Agency Grant file.
  
- Completed Certification forms should be returned to OCJP along with the signed Grant Contract.

**CERTIFICATION REGARDING DEBARMENT, ET AL**

(PAGE 1 OF 3)

**Instructions for Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-  
recipients)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certificate, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participation agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)  
(PAGE 2 OF 3)**

US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS  
(SUB-RECIPIENTS)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR part 67, section 67.510, and Participants' responsibilities. The regulations were published as part vii of the May 26, 1988 Federal Register (pages 19160-19211)

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PREVIOUS PAGE)**

(1) The applicant certifies that it and its principals:

(a) 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;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted 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 (1)(b) of this certification; and

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

(2) 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.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County  
1 Public Square  
Nashville, Tennessee  
37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is considered to be certifying this application, and is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

**CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)**  
**(PAGE 3 OF 3)**

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**

**Certifying Designee's Title:**

**Certifying Designee's Address:**

**Certifying Designee's Address:**

*Please complete all certifications, print them, and then sign & date each certification*

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

**CERTIFICATION REGARDING LOBBYING**

(PAGE 1 OF 1)

**CERTIFICATION REGARDING LOBBYING**

In general, as a matter of federal law, federal funds awarded by OJP may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by the recipient, or any subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the recipient is to contact OCJP for guidance, and may not proceed without the express prior written approval of OCJP.

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal grant, or cooperative agreement over \$100,000 as defined at CFR Part 69.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more that \$100,000 for each such failure.

**Name and Title of Authorized Official:** John Cooper, Mayor  
**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County  
1 Public Square  
Nashville, Tennessee, 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**  
**Certifying Designee's Title:**  
**Certifying Designee's Address:**  
**Certifying Designee's Address:**

***Please complete all certifications, print them, and then sign & date each certification***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

## CERTIFICATION OF CIVIL RIGHTS COMPLIANCE

(PAGE 1 OF 2)

**TENNESSEE CERTIFICATION OF COMPLIANCE  
WITH REGULATIONS FROM U. S. DEPARTMENT OF JUSTICE,  
OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS  
FOR SUBGRANTS ISSUED BY  
THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION,  
OFFICE OF CRIMINAL JUSTICE PROGRAMS**

**INSTRUCTIONS:** Complete the identifying information below. Read this form completely, identifying the person responsible for reporting civil rights findings in certification #4. Please obtain the signature of the Authorized Official on page 2, forward a copy of this form to the person identified in #4 and return the original copy of the form to the Office of Criminal Justice Programs, William R. Snodgrass Tennessee Tower, 312 Rosa L Parks Avenue, Suite 1800, Nashville, Tennessee 37243-1102 with your signed contracts.

<b>Agency Name:</b>	<b>Metropolitan Nashville Police Dept.</b>	<b>Project Director's Name:</b>	<b>Lt. James Stephens</b>
<b>Agency Address:</b>	600 Murfreesboro Pike Nashville TN, 37129-6399	<b>Project Director's Phone:</b>	615-880-2850
<b>Grant Project Title:</b>	2021 PSN Gun Crime Grant		
<b>Grant Start Date:</b>	August 1, 2020	<b>Grant End Date:</b>	June 30, 2022
<b>Grant Duration:</b>	23 Months	<b>Grant Amount:</b>	\$143,732.00

**I. REQUIREMENTS OF SUBGRANTEE RECIPIENTS:**

All subgrantee recipients (regardless of type of entity or amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

1. I certify that this agency will maintain data (and submit when required) to ensure that:
  - a. all services provided by our agency are delivered in an equitable manner without discrimination on the basis of race, color, religion, national origin, age, sex or disability, or, if this agency receives funds under the Violence Against Women Act of 1994, as amended, sexual orientation or gender identity to all segments of the service population;
  - b. our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et. Seq.*;
  - c. all projects and activities of our agency will take reasonable steps to provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (See also 2000 Executive Order #13166).
  
2. I certify that this agency will register within 60 days of award start date with the [Office of Justice Programs, Office for Civil Rights online Equal Employment Opportunity \(EEO\) Program Reporting Tool](#) to submit the information requested and, if required, create and submit an EEO Utilization Report. The agency can access the tool at: <https://ocr-eeop.ncjrs.gov>.
  
3. I certify that this agency will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements which may include:
  - a. Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d);
  - b. Victims of Crime Act (42 U.S.C. § 10604(e));
  - c. Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b));
  - d. Civil Rights Act of 1964 (42 U.S.C. § 2000d);
  - e. Rehabilitation Act of 1973 (29 U.S.C. § 7 94);
  - f. Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34);





**CERTIFICATION REGARDING FFATA**

(PAGE 1 OF 2)

**TRANSPARENCY ACT (FFATA) EXECUTIVE COMPENSATION REPORTING**

The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires the Office of Management and Budget (OMB) to maintain a single, searchable database, accessible by the public at no cost, that includes information about where and how federal funds are spent. This includes information on grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance funded with federal funds. That searchable database can be found through the internet. For more information about where and how federal funds are spent, please visit [www.USASpending.gov](http://www.USASpending.gov).

**Executive Compensation Reporting:** FFATA requires you to provide the names and total compensation of your agency's five (5) most highly compensated executives (i.e., Officers, Managing Partners, Executive Directors, or any other highly compensated employee in a management position) if you meet the following criteria:

- 80 percent or more of the Authorizing Agency's annual gross revenues are from Federal procurement contracts and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320; and
- \$25,000,000 or more in annual gross revenues are from Federal procurement contracts, and Federal financial assistance subject to the Transparency Act; and
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

If Executive Compensation Reporting does **NOT** apply to your Grant Project, then please **skip** the Executive Compensation Reporting table below and proceed to page 2 to complete the remainder of the Certification.

If Executive Compensation Reporting **applies** to your Grant Project, then please report the name, title, and compensation of the top five executives of your organization in the table below and then proceed to page 2 to complete the remainder of the Certification.

**EXECUTIVE COMPENSATION REPORTING FOR TOP FIVE (5) EXECUTIVES OF THE AUTHORIZING, APPLICANT AGENCY**

<b>NAME OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:</b>	<b>TITLE OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:</b>	<b>TOTAL ANNUAL SALARY OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:</b>
CHARLES STARKS	PRESIDENT OF CONV. CENTER	\$335,160.00
MICHAEL ANDERSON	POLICE CHIEF	\$234,014.36
STEPHEN BLAND	CEO-MTA	\$215,000.00
SCOTT POTTER	DIRECTOR – WATER SERVICES	\$214,488.62
KEVIN CRUMBO	FINANCE DIRECTOR	\$200,000.00

**CERTIFICATION REGARDING FFATA**

(PAGE 2 OF 2)

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County  
1 Public Square  
Nashville, Tennessee, 37201

"The Authorized Official certifies that, to the best of his or her knowledge and belief, the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

**X Certification:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does apply to this Agency and I am fully cognizant of our duties and responsibilities under this Certification.  
*(Please click the box to the left)*

**Not Applicable:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does not apply to this Agency as a result of the explanation below: *(Please check the box to the left & provide an explanation below)*

**Explanation:** Public has access to all agency's executive personnel compensation. In fact, Public has access to ALL MNPd's personnel salaries/compensation.

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**

**Certifying Designee's Title:**

**Certifying Designee's Address:**

**Certifying Designee's Address:**

**Please complete all certifications, print them, sign & date each certification, and return signed certifications to your OCJP Program Manager by mail.**

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

## Other Funds – Application Attachment

**Agency Name: Metropolitan Government of Nashville and Davidson County\_\_\_\_\_**

**Date: 01/16/2021\_\_\_\_\_**

### Other Funds Table Instructions:

Use the table below to list **all** funds (federal, state, local, and private) which are dedicated to the program. This should also include any appropriations received from units of State or local government as well.

Provide the grant funding source name (i.e., TN Department of Finance and Administration), the time period of the funding (start and end date of the funds), the amount of funds, and the purpose of the funds. Add additional lines as needed.

<b>Grant Funding Source</b>	<b>Time Period of Funding</b>	<b>Federal, State, Local, or Private</b>	<b>Amount of Funding</b>	<b>Purpose of Funds</b>
State of Tennessee	07/01/20-06/30/22	State	539,600.00	VOCA- Victim Service Coordinator
State of Tennessee	07/01/17-06/30/21	State	1,200,00.00	Internet Crimes Against Children
State of Tennessee	10/01/20-09/30/21	State	491,908.51	DUI Enforcement
US Department of Justice	01/01/20-12/29/21	Federal	250,000.00	DNA Capacity Enhancement for Backlog Reduction
State of Tennessee	11/01/19-06/30/22	State	240,000.00	VOCA- Law Enforcement Victim Coordinator
State of Tennessee	10/01/19-06/30/21	State	287,464.00	PSN Grant for Middle Tennessee

US Department of Justice	09/01/19-08/31/21	Federal	94,546.00	Law Enforcement Mental Health and Wellness Act
US Department of Justice	10/01/20-09/30/23	Federal	449,935.00	2020 JAG
US Department of Justice	10/01/17-09/30/21	Federal	497,316.00	2018 JAG
US Department of Justice	10/01/17-09/30/22	Federal	481,584.00	2019 JAG
US Department of Justice	01/01/21-12/29/22	Federal	250,000.00	DNA Capacity Enhancement for Backlog Reduction
US Department of Justice	01/20/20-01/31/22	Federal	1,551,648.00	2020 Coronavirus Emergency Supplemental Grant

## Instructions for Completing the Certification Forms

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- Read the Certifications thoroughly prior to completing the certification documents.
- Identify who will complete the certification documents, the Authorized Official or their Designee
- **NOTE: A Designee is defined as a person who has been designated by the authorized official as responsible for completing the Certifications and has been granted permission by the Authorized Official to sign the documents with the Authorized Official's signature.**
- When the Designee is completing the Certifications, the sections of the Certifications collecting the Designee's personal information must be completed in full for the Designee.
- The Certifications have check boxes to indicate whether the Agency certifies to the statement or whether it is not applicable. Make sure all appropriate check boxes are marked.
- At times, the Certification requires an explanation of why a Certification is not applicable for an agency. Agencies must then add this information to the Certification form.
- Agencies should review the Certifications to ensure they are completed in full, all appropriate check boxes marked, signatures and dates are present and designee information completed if necessary.
- Agencies should make a copy of the completed Certifications and keep them in their Agency Grant file.
- Completed Certification forms should be returned to OCJP along with the signed Grant Contract.

**CERTIFICATION REGARDING DEBARMENT, ET AL**

(PAGE 1 OF 3)

**Instructions for Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions  
(Sub-recipients)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certificate, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participation agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

[Type text]

**CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)  
(PAGE 2 OF 3)**

US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION LOWER TIER COVERED TRANSACTIONS  
(SUB-RECIPIENTS)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR part 67, section 67.510, and Participants' responsibilities. The regulations were published as part vii of the May 26, 1988 Federal Register (pages 19160-19211)

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PREVIOUS PAGE)**

(1) The applicant certifies that it and its principals:

(a) 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;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted 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 (1)(b) of this certification; and (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

(2) 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.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metropolitan Government of Nashville and Davidson County  
1 Public Square  
Nashville, Tn. 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is considered to be certifying this application, and is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*



**CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)**  
**(PAGE 3 OF 3)**

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:** John Drake

**Certifying Designee's Title:** Chief of Police

**Certifying Designee's Address:** 600 Murfreesboro Pike P.O. Box 196399

**Certifying Designee's Address:** Nashville, Tn. 37219-6399

***Please complete all certifications, print them, and then sign & date each certification***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

**CERTIFICATION REGARDING LOBBYING**

(PAGE 1 OF 1)

**CERTIFICATION REGARDING LOBBYING**

In general, as a matter of federal law, federal funds awarded by OJP may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by the recipient, or any subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the recipient is to contact OCJP for guidance, and may not proceed without the express prior written approval of OCJP.

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal grant, or cooperative agreement over \$100,000 as defined at CFR Part 69.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more that \$100,000 for each such failure.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** 1 Public Square  
Nashville, Tn. 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:** John Drake  
**Certifying Designee's Title:** Chief of Police  
**Certifying Designee's Address:** 600 Murfreesboro Pike P.O. Box 196399  
**Certifying Designee's Address:** Nashville, Tn. 37219-6399

***Please complete all certifications, print them, and then sign & date each certification***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

[Type text]

## CERTIFICATION OF CIVIL RIGHTS COMPLIANCE

(PAGE 1 OF 2)

**TENNESSEE CERTIFICATION OF COMPLIANCE  
WITH REGULATIONS FROM U. S. DEPARTMENT OF JUSTICE,  
OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS  
FOR SUBGRANTS ISSUED BY  
THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION,  
OFFICE OF CRIMINAL JUSTICE PROGRAMS**

**INSTRUCTIONS:**

Complete the identifying information below. Read this form completely, identifying the person responsible for reporting civil rights findings in certification #3. Please obtain the signature of the Authorized Official on page 2, forward a copy of this form to the person identified in #3 and return the original copy of the form to the Office of Criminal Justice Programs, William R. Snodgrass Tennessee Tower, 312 Rosa L Parks Avenue, Suite 1800, Nashville, Tennessee 37243-1102 with your signed contracts.

<b>Agency Name:</b>	Metropolitan Government of Nashville and Davidson County	<b>Project Director's Name:</b>	Capt. Anthony McClain
<b>Agency Address:</b>	1 Public Square Nashville, Tn. 37201	<b>Project Director's Phone:</b>	615-862-7417
<b>Grant Project Title:</b>	Middle Tennessee ICAC Task Force 2022-2026		
<b>Grant Start Date:</b>	07/01/2021	<b>Grant End Date:</b>	06/30/2026
<b>Grant Duration:</b>	5 Years	<b>Grant Amount:</b>	\$1,440,000.00

**I. REQUIREMENTS OF SUBGRANTEE RECIPIENTS:**

All subgrantee recipients (regardless of type of entity or amount awarded) are subject to prohibitions against discrimination in any program or activity and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

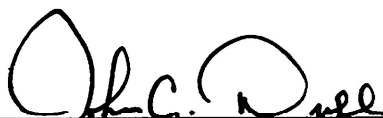
1. I certify that this agency will maintain data (and submit when required) to ensure that:
  - a. all services provided by our agency are delivered in an equitable manner without discrimination on the basis of race, color, religion, national origin, age, sex or disability, or, if this agency receives funds under the Violence Against Women Act of 1994, as amended, sexual orientation or gender identity to all segments of the service population;
  - b. our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et. Seq.*;
  - c. all projects and activities of our agency will take reasonable steps to provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also* 2000 Executive Order #13166).
  - d. I certify that this agency will register within 60 days of award start date with the [Office of Justice Programs, Office for Civil Rights online Equal Employment Opportunity \(EEO\) Program Reporting Tool](#) to submit the information requested and, if required, create and submit an EEO Utilization Report. The agency can access the tool at the following: <https://ocr-eeop.ncjrs.gov>.
2. I certify that this agency will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements which may include:
  - a. Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228);
  - b. Victims of Crime Act (34 U.S.C. § 20110(e));
  - c. Juvenile Justice and Delinquency Prevention Act of 2002 (34 U.S.C. § 11182(b));
  - d. Civil Rights Act of 1964 (42 U.S.C. § 2000d);
  - e. Rehabilitation Act of 1973 (29 U.S.C. § 7 94);
  - f. Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34);
  - g. Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the
  - h. Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); and
  - i. Ex. Order 13,559 (Partnerships with Faith-Based and Other Neighborhood Organizations)
  - j. Violence Against Women Act (VAWA) of 1994, as amended, 34 U.S.C. § 12291(b)(13)





**APPLICATION SIGNATURE PAGE  
FOR  
APPLICATION FOR 2021 PSN Middle Grant**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**



\_\_\_\_\_  
Director  
Department of Police Department

5-17-21

\_\_\_\_\_  
Date