

## GRANT APPLICATION SUMMARY SHEET

**Grant Name:** Justice Assistance Grant (JAG) 21-24

**Department:** POLICE DEPARTMENT

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

**Pass-Through Grantor  
(If applicable):**

**Total Applied For:** \$530,779.00

**Metro Cash Match:** \$0.00

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

**Status:** CONTINUATION

**Program Description:**

Edward Byrne Memorial Justice Assistance Grant (JAG) Program allows local governments to support a broad range of activities to prevent and control crime based on their own local needs and conditions. JAG blends the previous Byrne Formula and Local Law Enforcement Block Grant (LLEBG) Programs to provide agencies with the flexibility to prioritize and place justice funds where they are needed most. The funding from this grant will be used for technology upgrades, supplies for direct support to basic police, in-service and specialized training.

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

N/A

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

**APPROVED AS TO FORM AND  
LEGALITY:**

DocuSigned by:  
Kevin Crumb/mjw 7/28/2021  
**Director of Finance** **Date** DS  
KE

DocuSigned by:  
Macy Amos 7/30/2021  
**Metropolitan Attorney** **Date**

**APPROVED AS TO RISK AND  
INSURANCE:**

DocuSigned by:  
Balagun Cobb 7/28/2021  
**Director of Risk Management** **Date**  
**Services**

DocuSigned by:  
John Cooper  
**Metropolitan Mayor** **Date** DS  
JC

*(This application is contingent upon the approval of the application by the Metropolitan Council.)*

DS  
EF

### Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input checked="" type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
POLICE DEPARTMENT	031	Lt. Jim Stephens			880-2850		
<b>Grant Name:</b>	Justice Assistance Grant (JAG) 21-24						
<b>Grantor:</b>	U.S. DEPARTMENT OF JUSTICE				<b>Other:</b>		
<b>Grant Period From:</b>	10/01/21	<small>(applications only) Anticipated Application Date:</small>		08/08/21			
<b>Grant Period To:</b>	09/30/24	<small>(applications only) Application Deadline:</small>		08/09/21			
<b>Funding Type:</b>	FED DIRECT	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>	Select Pass-Thru --- >	<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>	COMPETITIVE	<b>Total Award:</b>		\$530,779.00			
<b>Status:</b>	CONTINUATION	<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>	Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>	16.738	<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>			
<b>Project Description:</b>	<small>Applic. Submitted Electronically?</small> <input type="checkbox"/>						
<p>Edward Byrne Memorial Justice Assistance Grant (JAG) Program allows local governments to support a broad range of activities to prevent and control crime based on their own local needs and conditions. JAG blends the previous Byrne Formula and Local Law Enforcement Block Grant (LLEBG) Programs to provide agencies with the flexibility to prioritize and place justice funds where they are needed most. The funding from this grant will be used for technology upgrades, supplies for direct support to basic police, in-service and specialized training .</p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
N/A							
<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>							
Program costs will be absorbed into the MNPD operating budget							
<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>		0.00	
<b>Departmental Indirect Cost Rate</b>			30.34%	<b>Indirect Cost of Grant to Metro:</b>		\$161,303.73	
<b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>% Allow.</b>			10.00%	<b>Ind. Cost Requested from Grantor:</b>		\$20,259.00 <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 checked="" 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	\$76,000.00						\$76,000.00	\$23,043.20	\$6,753.00
Yr 2	FY23	\$227,389.50						\$227,389.50	\$68,989.98	\$6,753.00
Yr 3	FY24	\$227,389.50						\$227,389.50	\$69,270.55	\$6,753.00
Yr 4	FY__							\$0.00		
Yr 5	FY__							\$0.00		
<b>Total</b>		\$530,779.00	\$0.00	\$0.00	\$0.00		\$0.00	\$530,779.00	\$161,303.73	\$20,259.00
<b>Date Awarded:</b>			<b>Tot. Awarded:</b>		\$530,779.00	<b>Contract#:</b>		N/A		
<b>(or) Date Denied:</b>			<b>Reason:</b>							
<b>(or) Date Withdrawn:</b>			<b>Reason:</b>							

Contact: [tonya.bowers@nashville.gov](mailto:tonya.bowers@nashville.gov)  
[dennise.meiers@nashville.gov](mailto:dennise.meiers@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

GCP Rec'd  
07/26/21

GCP Approved  
07/27/21

*VW*

**Application for Federal Assistance SF-424****\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**


Completed by Grants.gov upon submission.

**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:**


Metropolitan Government of Nashville and Davidson County

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**


65-0694743

**\* c. Organizational DUNS:**


0782176680000

**d. Address:****\* Street1:**


1 Public Square

**Street2:**

**\* City:**


Nashville

**County/Parish:**


Davidson

**\* State:**


TN: Tennessee

**Province:**

**\* Country:**


USA: UNITED STATES

**\* Zip / Postal Code:**


37201-5007

**e. Organizational Unit:****Department Name:**


Metropolitan Nashville Police

**Division Name:**


Strategic Development

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


Mr.

**\* First Name:**


James

**Middle Name:**

**\* Last Name:**


Stephens

**Suffix:**

**Title:**


Lieutenant

**Organizational Affiliation:**


Police

**\* Telephone Number:**


615-880-2850

**Fax Number:**

**\* Email:**


james.stephens@nashville.gov

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Bureau of Justice Assistance

**11. Catalog of Federal Domestic Assistance Number:**

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

**\* 12. Funding Opportunity Number:**

O-BJA-2021-35004

\* Title:

BJA FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation

**13. Competition Identification Number:**

C-BJA-2021-00150-PROD

Title:

Category 2 - Applicants with eligible allocation amounts of \$25,000 or more

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Population Document.docx

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

2021 MNPED Edward Byrne Memorial Justice Assistance Grant (JAG)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant \* b. Program/Project 

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

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="530,779.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="530,779.00"/>

**\* 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 in attachment.)** Yes  No

If "Yes", provide explanation and attach

**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:**Prefix: \* First Name: Middle Name: \* Last Name: Suffix: \* Title: \* Telephone Number: Fax Number: \* Email: \* Signature of Authorized Representative: \* Date Signed:

**DISCLOSURE OF LOBBYING ACTIVITIES**

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

OMB Number: 4040-0013

Expiration Date: 02/28/2022

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="Metropolitan Government of Nashville and Davidson County"/> * Street 1 <input type="text" value="1 Public Square"/> Street 2 <input type="text"/> * City <input type="text" value="Nashville"/> State <input type="text" value="TN: Tennessee"/> Zip <input type="text" value="37201-5007"/> Congressional District, if known: <input type="text" value="05"/>		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>   		
<b>6. * Federal Department/Agency:</b> <input type="text" value="U.S. Department of Justice - BJA"/>	<b>7. * Federal Program Name/Description:</b> <input type="text" value="Edward Byrne Memorial Justice Assistance Grant Program"/> CFDA Number, if applicable: <input type="text" value="16.738"/>	
<b>8. Federal Action Number, if known:</b> <input type="text"/>	<b>9. Award Amount, if known:</b> \$ <input type="text" value="530,779.00"/>	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text" value="N/A"/> Street 2 <input type="text"/> * City <input type="text" value="N/A"/> State <input type="text"/> Zip <input type="text"/>		
<b>b. Individual Performing Services (including address if different from No. 10a)</b> Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text" value="N/A"/> Street 2 <input type="text"/> * City <input type="text" value="N/A"/> State <input type="text"/> Zip <input type="text"/>		
<b>11.</b> 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 the 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.		
<b>* Signature:</b> <input type="text" value="Completed on submission to Grants.gov"/>		
<b>* Name:</b> Prefix <input type="text" value="Mr."/> * First Name <input type="text" value="Michael"/> Middle Name <input type="text" value="Curt"/> * Last Name <input type="text" value="Park"/> Suffix <input type="text"/>		
<b>Title:</b> <input type="text" value="Sergeant"/> <b>Telephone No.:</b> <input type="text" value="615-862-7077"/> <b>Date:</b> <input type="text" value="Completed on submission to Grants.gov"/>		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

## **MNPD JAG 2021 Program Narrative**

Nashville is a large, fast growing metropolitan area located in Middle Tennessee. Approximately 623,000 people live within the 533 square miles that make up Metropolitan Nashville / Davidson County. On any given day, the actual population could reach well over 1 million people due to commuters from the surrounding area who work in Nashville, and the large number of tourists who visit Music City, USA throughout the year. Due to its vast network of interstate highways and airports, Nashville is often referred to as the "Gateway to the South." Such access lends itself to an ever growing and vastly diverse mixture of cultures and community issues.

The MNPD takes pride in its community policing initiatives, and continues to pledge its devotion to building community partnerships and trust throughout its richly diverse population. Community policing concepts are truly integrated into every aspect of the department's mission of crime prevention and public service. The goal of the Metropolitan Government of Nashville and Davidson County is to provide the public with the most effective and efficient police services so that people within the Metropolitan Nashville and Davidson County area can experience a safe and peaceful community.

The MNPD will utilize funding from the 2021 JAG Grant to enhance the following initiatives:

1. Ensure MNPD personnel maintain needed skills and certifications by attending professional and mandatory specialized training;
2. Provide MNPD personnel with equipment to ensure crime reduction and community satisfaction with MNPD services; and
3. Furnish MNPD personnel with supplies for existing equipment to ensure crime reduction and community satisfaction with MNPD services.

As requested in the 2021 Solicitation: The following Project Identifiers are associated with the above project activities:

1. Community Policing
2. Equipment – General
3. Equipment – Tactical
4. Training and Technical Assistance

A significant portion of JAG Grant funding (\$196,747.00) will be utilized for mandatory training required to ensure MNPD personnel maintain needed certifications for criminal investigation and crime reduction initiatives.

Additionally, JAG Grant funding will be utilized to purchase the following equipment: exercise equipment for North Precinct, night vision goggles to replace existing night

vision goggles utilized by SWAT and USAR, new software to make our recruitment section more efficient, equipment for community engagement, computer forensics and investigations.

### **Current Issues**

1. The MNPDP, like most other law enforcement agencies across the country, are faced with the vilification of the profession throughout the media and by various special interest groups. The MNPDP combats this phenomenon by working closely with community groups, neighborhood watch groups and businesses to promote trust and communication.

Similar to police departments throughout the nation, the MNPDP is challenged by finding and recruiting qualified applicants to fill its' Training Academy. With a limited number of applicants and current view of law enforcement in the media, the MNPDP Recruitment Section is in the process of updating its' software system to better manage new applicants to streamline the hiring process.

2. As more and more is being required from sworn personnel in the MNPDP, it is vital for personnel to stay physically healthy to handle all of the stresses in the current environment.

Funding from the 2021 JAG Grant will also be utilized to purchase exercise equipment for North Precinct to replace outdated and antiquated equipment. By purchasing this exercise equipment for three different locations, this enables police personnel to go to a convenient location and exercise without the cost of a gym membership.

3. With the current volatile environment, police departments are continuously looking for ways to reach and serve the community. Police Departments recognize that partnerships between themselves and the community are vital to create a safer community.

MNPDP will purchase multiple mountain bikes for multiple units to assist in community engagement by taking police officers out of vehicles and making them more accessible.

4. Finally, training costs to maintain mandatory certifications in various law enforcement areas by attending needed training and or conferences has continued to be an issue for MNPDP. The Metropolitan Government's Office of Management and Budget no longer provides a central account for governmental departments to utilize for training. Training costs must now be funded utilizing the department's operating budget alone.

Those unfunded training costs will be covered by funding from the 2021 JAG Grant.

# Budget Detail Worksheet

OMB Approval NO.: 1121-0329

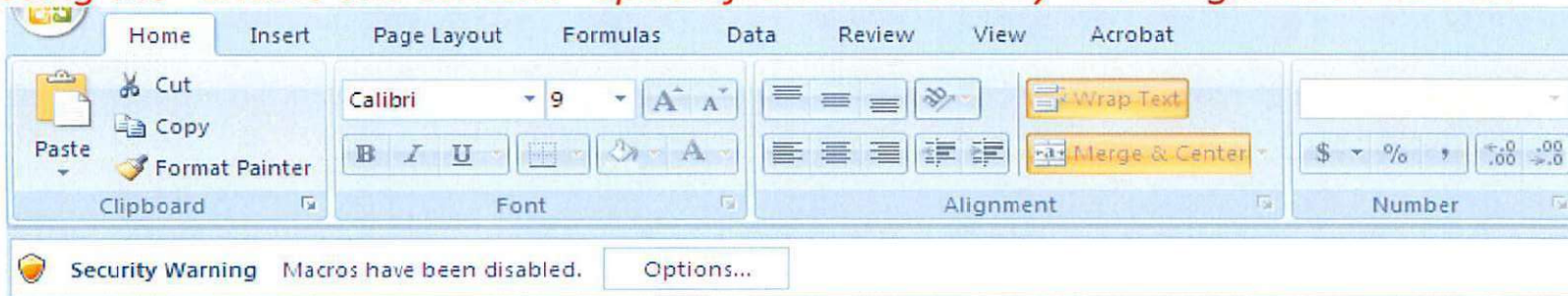
Expires 11/30/2020

For a 508 compliant, accessible version of the Budget Detail Worksheet, use the following link:

<https://ojp.gov/funding/Apply/Forms/BudgetDetailWorksheet/BDW508.pdf>

## Worksheet Instructions

*Note: This document requires macros be enabled to work properly. Please ensure that macros are enabled before entering any data. You may be able to enable macros by choosing the "Enable this content" option from the Security Warning Ribbon above.*



*If the ribbon is not visible you may have been prompted to enable macros when you opened the document as pictured here. If you elected to disable macros,*



Budget Sheet Instructions



*please close the document and reopen it with macros enabled.*

**Purpose:**

The Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank. Indicate any non-federal (match) amount in the appropriate category, if applicable.

**How to use this Workbook:**

The workbook includes several different worksheets. The first worksheet (this one) is an instruction sheet; the next worksheet includes the budget detail worksheet and narrative for year 1. There are duplicates of this worksheet for years 2-5 that can be completed as necessary. The last worksheet is a Budget Summary. It compiles all of the relevant budget information into a single location and should be reviewed for correctness before the workbook is uploaded to the GMS application.

**Step by Step Usage:**

1. Please read and print this instruction page. It can be used as a reference while completing the rest of the document.
2. For each budget category, you can see a sample by viewing the 'Budget Detail Example Sheet'.
3. The 'Definitions' tab explains terms used in the instructions for the various budget categories.
4. **Record Retention:** In accordance with the requirements set forth in 2 CFR Part 200.333, all financial records, supporting documents, statistical records, and all other records pertinent to the award shall be retained by each organization for at least three years following the closure of the audit report covering the grant period.
5. The information disclosed in this form is subject to the Freedom of Information Act under U.S.C. 55.2.

**Budget Point of Contact Information:**

<b>Contact Name:</b>	<b>Last:</b> Gmerek	<b>First:</b> Barbara	<b>Middle:</b>
<b>Contact Phone:</b>	615-862-7114	<b>Contact Fax:</b>	<b>Contact Email:</b> barbara.gmerek@nashville.gov



## Budget Sheet Instructions

<b>Worksheet Index:</b>	
<b>Tab</b>	
<a href="#">Budget Detail - Year 1</a>	
<a href="#">Budget Detail - Year 2</a>	
<a href="#">Budget Detail - Year 3</a>	
<a href="#">Budget Detail - Year 4</a>	
<a href="#">Budget Detail - Year 5</a>	
<a href="#">Budget Summary</a>	
<a href="#">Example - Budget Detail Sheet</a>	
<a href="#">Definitions</a>	
<b>Budget Category Descriptions:</b>	
<i>Personnel</i>	List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. In the budget narrative, include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. All requested information must be included in the budget detail worksheet and budget narrative.
<i>Fringe Benefits</i>	Fringe benefits should be based on actual known costs or an approved negotiated rate by a Federal agency. If not based on an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project. All requested information must be included in the budget detail worksheet and budget narrative.
<i>Travel</i>	Itemize travel expenses of staff personnel (e.g. staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure in reference to the project objectives. Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate whether applicant's formal written travel policy or the Federal Travel Regulations are followed. <b>Note: Travel expenses for consultants should be included in the "Consultant Travel" data fields under the "Subawards (Subgrants)/Procurement Contracts" category.</b>
<i>Equipment</i>	List non-expendable items that are to be purchased ( <b>Note:</b> Organization's own capitalization policy for classification of equipment should be used). <u>Expendable</u> items should be included in the "Supplies" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. <b>Rented or leased equipment costs should be listed in the "Contracts" data fields under the "Subawards (Subgrants)/Procurement Contracts" category.</b> In the budget narrative, explain how the equipment is necessary for the success of the project, and describe the procurement method to be used. All requested information must be included in the budget detail worksheet and budget narrative.

## Budget Sheet Instructions

<i>Supplies</i>	List items by type (office supplies, postage, training materials, copy paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.
<i>Construction</i>	<b>Provide a description of the construction project and an estimate of the costs. Minor repairs or renovations may be allowable and should be classified in the "Other" category. OJP does not currently fund construction programs. Consult with the program office before budgeting funds in this category. All requested information must be included in the budget detail worksheet and budget narrative.</b>
<i>Subawards (Subgrants), Procurement Contracts, &amp; Consultant Fees</i>	<p><b>Subawards (see "Subaward" definition at 2 CFR 200.92):</b> Provide a description of the Federal award activities proposed to be carried out by any subrecipient and an estimate of the cost (include the cost per subrecipient, to the extent known prior to application submission). For each subrecipient, enter the subrecipient entity name, if known. Please indicate any subaward information included under budget category G. Subawards (Subgrants)/Procurement Contracts by including the label "(subaward)" with each subaward entry.</p> <p><b>Procurement contracts (see "Contract" definition at 2 CFR 200.22):</b> Provide a description of the product or service to be procured by contract and an estimate of the cost. Indicate whether the applicant's formal, written Procurement Policy or the Federal Acquisition Regulation is followed. Applicants are encouraged to promote free and open competition in awarding procurement contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold set in accordance with 41 U.S.C. 1908 (currently set at \$150,000).</p> <p><b>Consultant Fees:</b> For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of the DOJ grant-making component's maximum rate for an 8-hour day (currently \$650) require additional justification and prior approval from the respective DOJ grant-making component. All requested information must be included in the budget detail worksheet and budget narrative.</p>
<i>Other Costs</i>	List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent. All requested information must be included in the budget detail worksheet and budget narrative.



## Budget Sheet Instructions

<b>Indirect Costs</b>	<p>Indirect costs are allowed only if: a) the applicant has a current, federally approved indirect cost rate; or b) the applicant is eligible to use and elects to use the “de minimis” indirect cost rate described in 2 C.F.R. 200.414(f). (See paragraph D.1.b. in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals for a description of entities that may not elect to use the “de minimis” rate.) An applicant with a current, federally approved indirect cost rate must attach a copy of the rate approval, (a fully-executed, negotiated agreement. If the applicant does not have an approved rate, one can be requested by contacting the applicant’s cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant’s accounting system permits, costs may be allocated in the direct costs categories. (Applicant Indian tribal governments, in particular, should review Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals regarding submission and documentation of indirect cost proposals.) Narrative for any indirect costs should clearly state which direct costs the indirect cost agreement is being applied to. All requested information must be included in the budget detail worksheet and budget narrative.</p> <p>In order to use the “de minimis” indirect rate an applicant would need to attach written documentation to the application that advises DOJ of both the applicant’s eligibility (to use the “de minimis” rate) and its election. If the applicant elects the de minimis method, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. In addition, if this method is chosen then it must be used consistently for all federal awards until such time as the applicant entity chooses to negotiate a federally approved indirect cost rate.</p>
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## Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N  
 (DOJ Financial Guide, Section 3.10)

Yes

### A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate &amp; amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
<b>Total(s)</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Narrative</b>								

Purpose Area #4

<b>B. Fringe Benefits</b>						
<b>Name</b> <i>List each grant-supported position receiving fringe benefits.</i>		<b>Computation</b> <i>Show the basis for computation.</i>				
		<b>Base</b>	<b>Rate</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
				\$0		\$0
<b>Total(s)</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Narrative</b>						

Purpose Area #4

<b>C. Travel</b>										
<b>Purpose of Travel</b>	<b>Location</b>	<b>Type of Expense</b>	<b>Basis</b>	<b>Computation</b>						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				<b>Cost</b>	<b>Quantity</b>	<b># of Staff</b>	<b># of Trips</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
Internation Association of Chiefs of Police Conference	TBD	Transportation	Round-trip	\$400.00	2	1	1	\$800		\$800
Internation Association of Chiefs of Police Conference	TBD	Lodging	Night	\$700.00	2	1	1	\$1,400		\$1,400
Internation Association of Chiefs of Police Conference	TBD	Meals	Day	\$350.00	2	1	1	\$700		\$700
Internation Association of Chiefs of Police Conference	TBD	Other	N/A	\$650.00	2	1	1	\$1,300		\$1,300
Internation Association of Chiefs of Police Conference	TBD	Local Travel	N/A	\$400.00	2	1	1	\$800		\$800
Farrier Class	TBD	Transportation	Round-trip	\$600.00	2	1	1	\$1,200		\$1,200
Farrier Class	TBD	Lodging	Night	\$600.00	2	1	1	\$1,200		\$1,200
Farrier Class	TBD	Meals	Day	\$426.00	2	1	1	\$852		\$852
Farrier Class	TBD	Other	N/A	\$600.00	2	1	1	\$1,200		\$1,200
Farrier Class	TBD	Local Travel	N/A	\$2,675.00	1	1	1	\$2,676		\$2,676
Taser Master Instructor Class	TBD	Transportation	Round-trip	\$500.00	2	1	1	\$1,000		\$1,000

Purpose Area #4

Taser Master Instructor Class	TBD	Lodging	Night	\$600.00	2	1	1	\$1,200		\$1,200
Taser Master Instructor Class	TBD	Meals	Day	\$350.00	2	1	1	\$700		\$700
Taser Master Instructor Class	TBD	Other	N/A	\$1,450.00	2	1	1	\$2,900		\$2,900
Taser Master Instructor Class	TBD	Local Travel	N/A	\$200.00	1	1	1	\$200		\$200
Crime and Intelligens Analysis Virtual Training	TBD	Other	N/A	\$2,380.00	1	1	1	\$2,380		\$2,380
CALEA Conference	TBD	Transportation	Round-trip	\$600.00	8	1	1	\$4,800		\$4,800
CALEA Conference	TBD	Lodging	Night	\$800.00	8	1	1	\$6,400		\$6,400
CALEA Conference	TBD	Meals	Day	\$350.00	8	1	1	\$2,800		\$2,800
CALEA Conference	TBD	Other	N/A	\$600.00	8	1	1	\$4,800		\$4,800
CALEA Conference	TBD	Local Travel	N/A	\$600.00	2	1	1	\$1,200		\$1,200
2022 Crimes Against Children Conference	TBD	Transportation	Round-trip	\$350.00	10	1	1	\$3,500		\$3,500
2022 Crimes Against Children Conference	TBD	Lodging	Night	\$640.00	10	1	1	\$6,400		\$6,400
2022 Crimes Against Children Conference	TBD	Meals	Day	\$297.00	10	1	1	\$2,970		\$2,970
2022 Crimes Against Children Conference	TBD	Other	N/A	\$600.00	10	1	1	\$6,000		\$6,000

Purpose Area #4

Digital Forensic Training	TBD	Transportation	Round-trip	\$400.00	4	1	1	\$1,600		\$1,600
Digital Forensic Training	TBD	Lodging	Night	\$800.00	4	1	1	\$3,200		\$3,200
Digital Forensic Training	TBD	Meals	Day	\$450.00	4	1	1	\$1,800		\$1,800
Digital Forensic Training	TBD	Other	N/A	\$4,100.00	4	1	1	\$16,400		\$16,400
Digital Forensic Training	TBD	Local Travel	N/A	\$400.00	1	1	1	\$400		\$400
NATIA / Crimes Against Children	TBD	Transportation	Round-trip	\$400.00	4	1	1	\$1,600		\$1,600
NATIA / Crimes Against Children	TBD	Lodging	Night	\$800.00	4	1	1	\$3,200		\$3,200
NATIA / Crimes Against Children	TBD	Meals	Day	\$350.00	4	1	1	\$1,400		\$1,400
NATIA / Crimes Against Children	TBD	Other	N/A	\$750.00	4	1	1	\$3,000		\$3,000
NATIA / Crimes Against Children	TBD	Local Travel	N/A	\$400.00	1	1	1	\$400		\$400
SANS and Encase Digital Forensic Training	TBD	Transportation	Round-trip	\$400.00	4	1	1	\$1,600		\$1,600
SANS and Encase Digital Forensic Training	TBD	Lodging	Night	\$800.00	4	1	1	\$3,200		\$3,200
SANS and Encase Digital Forensic Training	TBD	Meals	Day	\$420.00	4	1	1	\$1,680		\$1,580
SANS and Encase Digital Forensic Training	TBD	Other	N/A	\$5,400.00	4	1	1	\$21,600		\$21,600

Purpose Area #4

SANS and Encase Digital Forensic Training	TBD	Local Travel	N/A	\$400.00	1	1	1	\$400		\$400
Maintenance Test Pilot Training	TBD	Local Travel	N/A	\$585.00	1	1	1	\$585		\$585
Maintenance Test Pilot Training	TBD	Transportation	Round-trip	\$477.00	1	1	1	\$477		\$477
Maintenance Test Pilot Training	TBD	Lodging	Night	\$774.00	1	1	1	\$774		\$774
Maintenance Test Pilot Training	TBD	Meals	Day	\$410.00	1	1	1	\$410		\$410
Maintenance Test Pilot Training	TBD	Other	N/A	\$25,547.00	1	1	1	\$25,547		\$25,547
NASRO Advance School Resource Officers Course	TBD	Other	N/A	\$400.00	15	1	1	\$6,000		\$6,000
2022 MCCA Financial Managers Meeting	TBD	Transportation	Round-trip	\$800.00	1	1	1	\$800		\$800
2022 MCCA Financial Managers Meeting	TBD	Lodging	Night	\$2,000.00	1	1	1	\$2,000		\$2,000
2022 MCCA Financial Managers Meeting	TBD	Meals	Day	\$800.00	1	1	1	\$800		\$800
2022 MCCA Financial Managers Meeting	TBD	Other	N/A	\$2,772.00	1	1	1	\$2,772		\$2,772
2022 MCCA Financial Managers Meeting	TBD	Local Travel	N/A	\$400.00	1	1	1	\$400		\$400
2022 Crimes Against Women Conference	TBD	Transportation	Round-trip	\$946.00	8	1	1	\$7,568		\$7,568
2022 Crimes Against Women Conference	TBD	Lodging	Night	\$770.00	8	1	1	\$6,160		\$6,160

Purpose Area #4

2022 Crimes Against Women Conference	TBD	Meals	Day	\$330.00	8	1	1	\$2,640		\$2,640
2022 Crimes Against Women Conference	TBD	Other	N/A	\$525.00	8	1	1	\$4,200		\$4,200
2022 Crimes Against Women Conference	TBD	Local Travel	N/A	\$306.00	1	1	1	\$306		\$306
2022 Continuing Legal Education Classes for Legal Department	TBD	Other	N/A	\$1,700.00	1	1	1	\$1,700		\$1,700
2022 National Internal Affairs Investigators Association Conference	TBD	Other	N/A	\$400.00	5	1	1	\$2,000		\$2,000
2022 National Internal Affairs Investigators Association Conference	TBD	Meals	Day	\$600.00	5	1	1	\$3,000		\$3,000
2022 National Internal Affairs Investigators Association Conference	TBD	Lodging	Night	\$900.00	5	1	1	\$4,500		\$4,500
2022 National Internal Affairs Investigators Association Conference	TBD	Transportation	Round-trip	\$650.00	5	1	1	\$3,250		\$3,250
<b>Total(s)</b>								<b>\$196,747</b>	<b>\$0</b>	<b>\$196,747</b>
<b>Narrative</b>										
<p>Funds from the grant will utilized to enable personnel to attend the MCCA Financial Managers Meeting, 2022 National Internal Affairs Association Conference, Crimes Against Children Conference, Advance School for School Resource Officers Course, Maintenance training for new helicopters, Computer forenscis trainings, CALEA Conferences, Criminal Analytics Training, Master Taser Training for instructors, a farriers class for mounted patrol and park police, and International Association of Chiefs of Police Conferences. Conferences and training are required for recertification, certification or provides information to personnel which will be passed to other personnel to the police department.</p>										



Purpose Area #4

<b>D. Equipment</b>					
<b>Item</b>	<b>Computation</b>				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	<b># of Items</b>	<b>Unit Cost</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
HRIS Supplemental Software for the NEOGOV system	1	\$25,610.00	\$25,610	\$0	\$25,610
L3 AN/PVS-31A Night Vision Equipment with G24 Wilcox Mount	2	\$12,500.00	\$25,000	\$0	\$25,000
CANON - DR-C240 DESKTOP SCANNER	15	\$560.00	\$8,400	\$0	\$8,400
Tripod and Rangefinder	2	\$217.00	\$434	\$0	\$434
Flash Drives	112	\$16.75	\$1,876	\$0	\$1,876
Brand Paraclete, Model Aspida Aviation Helmets	5	\$3,403.00	\$17,015	\$0	\$17,015
F.A.S.T Digital Forensic Workstations	3	\$16,000.00	\$48,000	\$0	\$48,000
Genetec Video/Surveillance (VIC) RCTT	1	\$20,000.00	\$20,000	\$0	\$20,000
Hard Drives for Computer Forensics	1	\$4,000.00	\$4,000	\$0	\$4,000
Axis Surveillance Cameras Wireless	1	\$5,000.00	\$5,000	\$0	\$5,000
F.A.S.T Forensic Laptop	4	\$3,000.00	\$12,000	\$0	\$12,000
Security Cameras with Milestone Licensing	1	\$24,220.00	\$24,220	\$0	\$24,220

Purpose Area #4

Carlson GPS Traffic Reconstruction Mapping System Package	1	\$17,279.00	\$17,279	\$0	\$17,279
Volcanic Mountain Bikes	8	\$1,900.00	\$15,200	\$0	\$15,200
MotoShot Elite Armored Moving Target System	1	\$12,000.00	\$12,000	\$0	\$12,000
Resilite Zip-Mats and Interlocking System	1	\$18,000.00	\$18,000	\$0	\$18,000
Horseshoeing Kit	2	\$2,415.00	\$4,830	\$0	\$4,830
Night Vision - PVS31A - BNVD kit with Wilcox G24 mount	2	\$12,000.00	\$24,000	\$0	\$24,000
Thermal Imager - Trijicon IRMO-250K - with Wilcox G24 mount.	2	\$7,500.00	\$15,000	\$0	\$15,000
XM 14-4 X-Rig w/Monkey Bars	2	\$2,209.00	\$4,418		\$4,418
6' x 12' fully enclosed sigle axle trailer	1	\$3,200.00	\$3,200		\$3,200
<b>Total(s)</b>			<b>\$305,482</b>	<b>\$0</b>	<b>\$305,482</b>
<b>Narrative</b>	<p>Funds from this grant will be utilized to purchase exercise equipment for North Precinct, camera system for East Precinct, scanners for domestic violence division, new software for Recruitment Unit to better track recruiting and background, mapping system to assist in the investigation of deadly crashes, mountain bikes for youth services and Midtown Hills for community engagement, wrestling mats to help with defensive tactics, moving target system to ensure compliance with Tennessee POST requirements, night vision goggles and thermal imagers to assist in USAR operations, new helmets for our aviation unit, and tripod with rangefinder to help enforce noise ordinances. Funds will also be utilized to purchase night vision goggles to replace old equipment. The remaining funds will be used to purchase storage devices and computer equipment for investigations. This will better equip this unit with opportunity to reach future law enforcement personnel. Similar to most police departments across the country, the MNPd needs to update their recruiting practices to attract personnel during this difficult time in law enforcement.</p>				

Purpose Area #4

<b>E. Supplies</b>					
<b>Supply Items</b>	<b>Computation</b>				
<i>Provide a list of the types of items to be purchased with grant funds.</i>	<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
	<b># of Items</b>	<b>Unit Cost</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
Rogue Medicine Ball 12 lbs	1	\$85.00	\$85		\$85
Rogue Medicine Ball 16 lbs	1	\$95.00	\$95		\$95
Rogue Medicine Ball 20 lbs	1	\$105.00	\$105		\$105
Rogue Medicine Ball 25 lbs	1	\$114.00	\$114		\$114
Battle rope	2	\$125.00	\$250		\$250
Rope Anchor	1	\$35.00	\$35		\$35
Rogue Medicine Ball 6 lbs	1	\$70.00	\$70		\$70
Rogue Tube Bands Package	1	\$68.00	\$68		\$68
Rogue 90" Monster lite Squat Rack	1	\$445.00	\$445		\$445
Woman's Barbell	1	\$215.00	\$215		\$215
Rogue Spring Collars	4	\$39.00	\$156		\$156
Dip Station	2	\$125.00	\$250		\$250
Safety Ctaches	4	\$128.00	\$512		\$512
Plate Storage for weights	4	\$39.00	\$156		\$156
Plyo Platform	3	\$230.00	\$690		\$690
Landmine pad	2	\$55.00	\$110		\$110
Storage Shelf	3	\$199.00	\$597		\$597
45 lb Solid Bumper Plate	16	\$73.00	\$1,168		\$1,168

Purpose Area #4

35 lb Solid Bumper Plate	16	\$56.00	\$896		\$896
25 lb Solid Bumper Plate	16	\$40.00	\$640		\$640
10 lb Solid Bumper Plate	24	\$28.00	\$672		\$672
TROY GOB-1800 Oly Functional Training Bar	4	\$210.00	\$840		\$840
TROY Hex/Trap/Deadlift Bar	2	\$61.00	\$122		\$122
<b>Total(s)</b>			<b>\$8,291</b>	<b>\$0</b>	<b>\$8,291</b>

**Narrative**

Funds from this grant will be utilized to purchase supplies for the exercise equipment for North Precinct.

Purpose Area #4

<b>F. Construction</b>						
<b>Purpose</b> <i>Provide the purpose of the construction</i>	<b>Description of Work</b> <i>Describe the construction project(s)</i>	<b>Computation</b> <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		<b># of Items</b>	<b>Cost</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
				\$0		\$0
<b>Total(s)</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Narrative</b>						

Purpose Area #4

<b>G. Subawards (Subgrants)</b>								
<b>Description</b> <i>Provide a description of the activities to be carried out by subrecipients.</i>	<b>Purpose</b> <i>Describe the purpose of the subaward (subgrant)</i>	<b>Consultant?</b> <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>			
			\$0	\$0	\$0			
<b>Total(s)</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			
<b>Consultant Travel (if necessary)</b>								
<b>Purpose of Travel</b> <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<b>Location</b> <i>Indicate the travel destination.</i>	<b>Type of Expense</b> <i>Hotel, airfare, per diem</i>	<b>Computation</b> <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			<b>Cost</b>	<b>Duration or Distance</b>	<b># of Staff</b>	<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>
			\$0			\$0		\$0
<b>Total</b>			\$0	\$0	\$0	\$0	\$0	\$0
<b>Narrative</b>								
<b>H. Procurement Contracts</b>								
<b>Description</b>	<b>Purpose</b>	<b>Consultant?</b>						

Purpose Area #4

<p><i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i></p>	<p><i>Describe the purpose of the contract</i></p>	<p><i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i></p>				
			<b>Total Cost</b>	<b>Non-Federal Contribution</b>	<b>Federal Request</b>	
					\$0	
		<b>Total(s)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Consultant Travel (if necessary)</b>						
<b>Purpose of Travel</b> <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<b>Location</b> <i>Indicate the travel destination.</i>	<b>Type of Expense</b> <i>Hotel, airfare, per diem</i>	<b>Computation</b> <i>Compute the cost of each type of expense X the number of people traveling.</i>			
			<b>Cost</b>	<b>Duration or Distance</b>	<b># of Staff</b>	
			\$0		\$0	
			<b>Total</b>	\$0	\$0	
<b>Narrative</b>						
<b>I. Other Costs</b>						
<b>Description</b> <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	<b>Computation</b> <i>Show the basis for computation</i>					

Purpose Area #4

	<i>Quantity</i>	<i>Basis</i>	<i>Cost</i>	<i>Length of Time</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
					\$0		\$0
<b>Total(s)</b>					<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Narrative**



Purpose Area #4

<b>J. Indirect Costs</b>						
<b>Description</b> <i>Describe what the approved rate is and how it is applied.</i>		<b>Computation</b> <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		<i>Base</i>	<i>Indirect Cost Rate</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
Indirect Costs		\$222,863.00	0.0909	\$20,259		\$20,259
<b>Total(s)</b>				<b>\$20,259</b>	<b>\$0</b>	<b>\$20,259</b>
<b>Narrative</b>						

Budget Summary

<b>Budget Summary</b>											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$196,747	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$196,747
D. Equipment	\$305,482	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$305,482
E. Supplies	\$8,291	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,291
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Procurement Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Direct Costs</b>	\$510,520	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$510,520
J. Indirect Costs	\$20,259	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,259
<b>Total Project Costs</b>	\$530,779	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$530,779
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N										Yes	

## Certificate of Indirect Costs

### METROPOLITAN GOVERNMENT OF NASHVILLE/DAVIDSON COUNTY

#### Metro Police Department

**Fiscal Year July 1, 2020 through June 30, 2021**

This is to certify that I have reviewed the indirect cost proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish cost allocation or billing rates for FY 2021 (July 1, 2020 through June 30, 2021) based on actual costs for the fiscal year ending June 30, 2019 (July 1, 2018 through June 30, 2019) are allowable in accordance with the requirements of the Federal/State/Local award(s) to which they apply and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Unallowable costs have been adjusted for in allocating costs as indicated in the indirect cost rate proposal.

(2) All costs included in this proposal are properly allocable to Federal/State/Local awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Government Unit: Metropolitan Government Nashville Davidson County, TN

Signature: \_\_\_\_\_

Name of Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

*Michael J. Anderson*  
*Michael J. Anderson*  
*Police Chief*  
*4/15/2020*



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

Approved: OMB No. 1121-0329  
Expires 12/31/2023

### Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

#### 1. Name of Organization and Address:

Organization Name: **Metropolitan Nashville Police Department**

Street1: **600 Murfreesboro Pike**

Street2:

City: **Nashville**

State: **Tn**

Zip Code: **37219**

#### 2. Authorized Representative's Name and Title:

Prefix: First Name: **John**

Middle Name:

Last Name: **Drake**

Suffix:

Title: **Chief of Police**

3. Phone: **(615) 862-7376**

4. Fax: **(615) 880-3077**

5. Email: **chiefofpolice@nashville.gov**

6. Year Established:

**1963**

7. Employer Identification Number (EIN):

**620694743**

8. DUNS Number:

**078217668**

9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)?  Yes  No

If "No" skip to Question 10.

If "Yes", complete Questions 9. b) and 9. c).





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**AUDIT INFORMATION**

<p>9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?</p> <p>If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.</p> <p>10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):</p> <p><input checked="" type="checkbox"/> "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200</p> <p><input type="checkbox"/> Financial Statement Audit</p> <p><input type="checkbox"/> Defense Contract Agency Audit (DCAA)</p> <p><input type="checkbox"/> Other Audit &amp; Agency (list type of audit):</p> <p style="background-color: #cccccc; height: 20px; margin-left: 20px;"></p> <p><input type="checkbox"/> None (if none, skip to question 13)</p>	
<p>11. Most Recent Audit Report Issued:    <input checked="" type="checkbox"/> Within the last 12 months    <input type="checkbox"/> Within the last 2 years    <input type="checkbox"/> Over 2 years ago    <input type="checkbox"/> N/A</p> <p>Name of Audit Agency/Firm: <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span></p>	
<p><b>AUDITOR'S OPINION</b></p>	
<p>12. On the most recent audit, what was the auditor's opinion?</p> <p><input checked="" type="checkbox"/> Unqualified Opinion    <input type="checkbox"/> Qualified Opinion    <input type="checkbox"/> Disclaimer, Going Concern or Adverse Opinions    <input type="checkbox"/> N/A: No audits as described above</p>	
<p>Enter the number of findings (if none, enter "0"): <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Enter the dollar amount of questioned costs (if none, enter "\$0"): <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span></p>	
<p>Were material weaknesses noted in the report or opinion?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>13. Which of the following best describes the applicant entity's accounting system:</p> <p><input type="checkbox"/> Manual    <input checked="" type="checkbox"/> Automated    <input type="checkbox"/> Combination of manual and automated</p>	
<p>14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p>
<p>15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p>
<p>16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p>



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<p>17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p><b>PROPERTY STANDARDS AND PROCUREMENT STANDARDS</b></p>	
<p>20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (<a href="http://www.sam.gov">www.sam.gov</a>) for suspended or debarred sub-grantees and contractors, prior to award?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p><b>TRAVEL POLICY</b></p>	
<p>24. Does the applicant entity.</p> <p>(a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) adhere to the Federal Travel Regulation (FTR)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>SUBRECIPIENT MANAGEMENT AND MONITORING</b></p>	
<p>25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p><input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>





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<p>26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>
<p>27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>

#### DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

<p>28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)</p> <p>If "Yes", provide the following:</p> <p>(a) Name(s) of the federal awarding agency: [REDACTED]</p> <p>(b) Date(s) the agency notified the applicant entity of the "high risk" designation: [REDACTED]</p> <p>(c) Contact information for the "high risk" point of contact at the federal agency: Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]</p> <p>(d) Reason for "high risk" status, as set out by the federal agency: [REDACTED]</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
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#### CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: **Samir Mehic** Date: **2021-06-08**

Title:  Executive Director  Chief Financial Officer  Chairman  
 Other: [REDACTED]

Phone: **(615) 862-7363**

**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS**

**Edward Byrne Justice Assistance Grant Program FY 2021 Local Solicitation**

**Certifications and Assurances by the Chief Executive of the Applicant Government**

On behalf of the applicant unit of local government named below, in support of that locality’s application for an award under the FY 2021 Edward Byrne Justice Assistance Grant (“JAG”) Program, and further to 34 U.S.C. § 10153(a), I certify to the Office of Justice Programs (“OJP”), U.S. Department of Justice (“USDOJ”), that all of the following are true and correct:

1. I am the chief executive of the applicant unit of local government named below, and I have the authority to make the following representations on my own behalf as chief executive and on behalf of the applicant unit of local government. I understand that these representations will be relied upon as material in any OJP decision to make an award, under the application described above, to the applicant unit of local government.
2. I certify that no federal funds made available by the award (if any) that OJP makes based on the application described above will be used to supplant local funds, but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for law enforcement activities.
3. I assure that the application described above (and any amendment to that application) was submitted for review to the governing body of the unit of local government (*e.g.*, city council or county commission), or to an organization designated by that governing body, not less than 30 days before the date of this certification.
4. I assure that, before the date of this certification— (a) the application described above (and any amendment to that application) was made public; and (b) an opportunity to comment on that application (or amendment) was provided to citizens and to neighborhood or community-based organizations, to the extent applicable law or established procedure made such an opportunity available.
5. I assure that, for each fiscal year of the award (if any) that OJP makes based on the application described above, the applicant unit of local government will maintain and report such data, records, and information (programmatic and financial), as OJP may reasonably require.
6. I have carefully reviewed 34 U.S.C. § 10153(a)(5), and, with respect to the programs to be funded by the award (if any), I hereby make the certification required by section 10153(a)(5), as to each of the items specified therein.

\_\_\_\_\_  
Signature of Chief Executive of the Applicant Unit of Local Government

John Cooper  
Printed Name of Chief Executive

\_\_\_\_\_  
Date of Certification

Mayor  
Title of Chief Executive

Metropolitan Government of Nashville and Davidson County  
Name of Applicant Unit of Local Government



**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> <b>B</b> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> <b>A</b> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> <b>A</b> a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Metropolitan Government of Nashville and Davidson County 1 Public Square Nashville, Tn. 37201-5007 Congressional District, if known: 05	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Department of Justice - BJA	<b>7. Federal Program Name/Description:</b> DNA Backlog Reduction Program  CFDA Number, if applicable: 16.741	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ 530,779.00	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A	<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI): N/A	
<b>11.</b> 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: <u>Michael C. Park</u> Print Name: <u>Michael C. Park</u> Title: <u>Sergeant</u> Telephone No.: <u>(615) 862-7077</u> Date: <u>6/21/2021</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

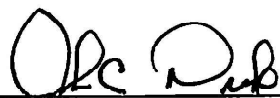
This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment 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 followup 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, 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., "RFP-DE-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 registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names 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.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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, DC 20503.

**APPLICATION SIGNATURE PAGE  
FOR  
APPLICATION FOR 2021 Edward Byrne Memorial Justice Assistance Grant**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**



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

7-20-21

\_\_\_\_\_  
Date