# JAG – FY21 LOCAL SOLICITATION PROGRAM NARRATIVE AND BUDGET

### **APPLICANT**

City of Santa Clara - Police Department

### TITLE OF THE PROJECT

2021 JAG Grant

### **AWARD TIMEFRAME**

October 1, 2021 through September 30, 2023

### **AWARD AMOUNT**

The City of Santa Clara is eligible to apply for \$15,931 in JAG21 funds per the 2021 California Local JAG Allocation spreadsheet

# **CONTACT PERSON**

Carolyn McDowell, Management Analyst 601 El Camino Real, Santa Clara, CA 95050 (408)615-4892

cmcdowell@santaclaraca.gov

# PROGRAM NARRATIVE

The City of Santa Clara is currently facing a challenging coronavirus pandemic induced fiscal environment. In order to relieve this pressure, local, state and federal resources are being leveraged to help ease the burden.

Like law enforcement agencies across the nation, when circumstances reasonably permit, the Santa Clara Police Department uses non-violent strategies and techniques to decrease the intensity of a situation, improve decision-making, enhance communication, reduce the need for force and increase voluntary compliance (e.g. summoning additional resources, formulating a plan, attempting verbal persuasion, etc.).

In the era of COVID-19 and related lockdowns, attending in-person trainings has been difficult. Yet, the priority for training has only intensified in recent years.

The Santa Clara Police Department prides itself on offering state-of-the-art training opportunities to our staff on timely, and difficult, topics: racial profiling, implicit bias, procedural justice, use of force, active shooter, etc. Our Training Unit incorporates scenarios based on real-world incidents from recent incidents with an emphasis on decreasing the scope or intensity. Maintaining this level of accountability takes a significant volume of staff and equipment resources.

During the pandemic, our agency found many of our training tools to be shared resources. For example, completely enclosed simunition masks/helmets are worn for a full shift during a training day. The following day, another officer is expected to proceed through the same training using the same equipment. Disinfecting the equipment is not only time consuming, but the harsh chemicals have damaged some equipment (e.g. foam material on the inside of masks/helmets) as a result of repeated cleanings between training cycles.

To avoid risk of future disease exposure, there is a desire to increase the volume of equipment resources available to staff for routine and specialized training. Ideally, enough personal protective gear would be purchased to avoid the sharing of such. The Santa Clara Police Department is seeking JAG21 funding to augment its training equipment inventory to enhance the scope and volume of training equipment available to our officers.

Meanwhile, our Command staff continues to develop and maintain policies with a focus on accountability, transparency, trust and duty to intervene.

If awarded, the Santa Clara Police Department would request approval of acceptance of this award from the Santa Clara City Council. Following this action, Mayor Gillmor's signature would be obtained on the Certifications and Assurances by the Chief Executive of the Applicant Government form (Edward Byrne Memorial Justice Assistance Grant (JAG) Program | Certifications & Assurances | Bureau of Justice Assistance (ojp.gov)) and the City Manager and Finance Department Director will sign the Grant Award and Special Conditions.

# **BUDGET NARRATIVE**

A JAG21 award of \$15,931 will allow the Santa Clara Police Department up to \$14,338 to go toward the purchase of training equipment and to balance to augment the costs associated with administering the award (up to \$1,593).

If funded, at the timing of this award the Santa Clara Police Department will have recently gone "live" with a new Records Management System (Mark43) in August 2021, and began the National Incident Based Reporting System (NIBRS) certification process. As a result, there have not been any funds earmarked in this application for NIBRS.

# JAG – FY21 LOCAL SOLICITATION BUDGET SUMMARY

### **APPLICANT**

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### **CONTACT PERSON**

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# **BUDGET NARRATIVE**

A JAG21 award of \$15,931 will allow the Santa Clara Police Department up to \$14,338 to go toward the purchase of training equipment and to balance to augment the costs associated with administering the award (up to \$1,593).

If awarded, an inventory of personal protective equipment will be conducted. Items currently shared among employees (e.g. masks, helmets, etc.) will be the first priority for purchase to reduce the need for sharing during training sessions. Any fund balance would be utilized to augment our training and disinfectant supplies.

If funded, at the timing of this award the Santa Clara Police Department will have recently gone "live" with a new Records Management System (Mark43) in August 2021, and began the National Incident Based Reporting System (NIBRS) certification process. As a result, there have not been any funds earmarked in this application for NIBRS.

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424								
* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):				
Preapplication		New						
Application		Continuation		* Other (Specify):				
Changed/Corrected Application		Revision						
* 3. Date Received:	4. Appl	icant Identifier:						
Completed by Grants.gov upon submission.								
5a. Federal Entity Identifier:				5b. F	Federal Award Identifier:			
946-00426								
State Use Only:								
6. Date Received by State:			7. State Application	Identifie	er:			
8. APPLICANT INF	ORMATION:		•					
* a. Legal Name:	City of Santa C	lara						
* b. Employer/Taxpa	yer Identification Nur	mber (EII	N/TIN):	* c. C	Organizational DUNS:			
946-000426				0038870020000				
d. Address:								
* Street1:	1500 Warburto	1500 Warburton Avenue						
Street2:	TOO MALDEL CON INCLINE							
* City:	Santa Clara							
County/Parish:	CA							
* State:	CA: Californi							
Province:	CA: CULLIVIIIA							
* Country:	USA: UNITED S	USA: UNITED STATES						
* Zip / Postal Code:	95050-3713							
e. Organizational l	Jnit:							
Department Name:				Divisi	sion Name:			
Police Departm	nent							
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:		7	* First Nam		Carolyn			
Middle Name:					.aiolyn			
	Dowell							
Suffix:	DOWELL	7						
Title: Management Analyst								
Organizational Affiliation:								
City of Santa Clara								
* Telephone Number	* Telephone Number: 4086154892 Fax Number:							
* Email: cmcdowell@santaclaraca.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-2021-00149-PROD							
Title:							
Category 1 - Applicants with eligible allocation amounts of less than \$25,000							
14. Areas Affected by Project (Cities, Counties, States, etc.):							
Add Attachment Delete Attachment View Attachment							
* 15. Descriptive Title of Applicant's Project:							
Utilize funds toward the purchase of equipment to support on-going and specialized training							
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 CA-017 * b. Program/Project CA-0	17							
Attach an additional list of Program/Project Congressional Districts if needed.								
Add Attachment Delete Attachment V	iew Attachment							
17. Proposed Project:								
* a. Start Date: 10/01/2021								
18. Estimated Funding (\$):								
* a. Federal 15,931.00								
* b. Applicant 0.00								
* c. State 0 . 0 0								
* d. Local 0 . 0 0								
* e. Other 0.00								
* f. Program Income 0.00								
* g. TOTAL 15,931.00								
* 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								
Add Attachment Delete Attachment V	iew Attachment							
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: Deanna								
Middle Name: J.								
* Last Name: Santana								
Suffix:								
*Title: City Manager								
* Telephone Number: 408-615-2210 Fax Number: 408-241-6771								
* Email: dsantana@santaclaraca.gov								
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.								

# **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

1. * Type of Federal Action:	2. * Status of Federal Action:	3. * Report Type:						
a. contract	a. bid/offer/application	a. initial filing						
b. grant	b. initial award	b. material change						
c. cooperative agreement	c. post-award							
d. loan e. loan guarantee								
f. loan insurance								
	Entitu							
4. Name and Address of Reporting	Entity.							
Prime SubAwardee								
City of Santa Clara	*Name City of Santa Clara							
* Street 1 1500 Warburton Avenue	Street 2							
*City Santa Clara	State CA: California	Zip 95050						
Congressional District, if known: CA-017								
5. If Reporting Entity in No.4 is Subar	wardee, Enter Name and Address of F	rime:						
C * Foderal Department/Ageney	7 * Fodovol Dw	savom Nonce/Decembrican						
6. * Federal Department/Agency:		7. * Federal Program Name/Description:						
U.S. Department of Justice	Edward Byrne Memor:	al Justice Assistance Grant Program						
	CFDA Number, if appli	cable: 16.738						
8. Federal Action Number, if known:	9. Award Amou	int, if known:						
16.738	\$							
10. a. Name and Address of Lobbying	g Registrant:							
Prefix * First Name n/a	Middle Name							
* Last Name n/a	Suffix							
*Street 1 n/a	Street 2							
* City	State	Zip						
n/a								
b. Individual Performing Services (incl	uding address if different from No. 10a)							
Prefix *First Name n/a	Middle Name							
* Last Name	Suffix							
n/a								
*Street 1 n/a								
* City n/a	State	Zip						
	by title 31 U.S.C. section 1352. This disclosure of lobbying							
	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.								
* Signature: Completed on submission to Gran	nts.gov							
*Name: Prefix *First Name	ne Carolyn Middle	Name						
* Last Name McDowell		uffix						
	<b>Telephone No.:</b> 408-615-4892	Data: Garantana da ana ana ana ana ana ana ana ana a						
Authorized for Local Perceduction								
Federal Use Only:  Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)								