

Resolution No. RS2019-1827

A resolution approving an application for a Project Safe Neighborhoods (PSN) grant from the U. S. Department of Justice to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Nashville Police Department, to reduce gun related violence in Nashville by implementing intense follow-up investigation and prosecution of subjects using firearms by utilizing National Integrated Ballistic Information Network (NIBIN) leads and the ATF E-trace program.

WHEREAS, the U. S. Department of Justice is accepting applications for a Project Safe Neighborhoods (PSN) grant with an award of \$287,455.00 with no cash match required; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County is eligible to participate in this grant program; and,

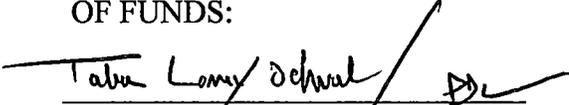
WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant application be approved and submitted.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the Metropolitan Government's application for a Project Safe Neighborhoods (PSN) grant with an award of \$287,455.00, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Nashville Police Department is authorized to submit said application to the U. S. Department of Justice.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

  
\_\_\_\_\_  
Talia Lomax-O'dneal, Director  
Department of Finance

INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_

APPROVED AS TO FORM AND  
LEGALITY:

  
\_\_\_\_\_  
Assistant Metropolitan Attorney

\_\_\_\_\_  
Member(s) of Council

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink that reads "Tanaka Vercher". The signature is written in a cursive, flowing style.

Tanaka Vercher  
Councilmember, District 28

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

*Mary Carolyn Roberts*

Mary Carolyn Roberts  
Councilwoman, District 20

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink, appearing to read "Rob Swope", with a long horizontal flourish underneath.

Robert Swope  
Councilmember, District 4

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## GRANT APPLICATION SUMMARY SHEET

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**Grant Name:** 2020 PSN Middle Grant 19-21  
**Department:** POLICE DEPARTMENT  
**Grantor:** U.S. DEPARTMENT OF JUSTICE  
**Pass-Through Grantor (If applicable):** TENN. DEPT. OF FIN. & ADMIN.  
**Total Applied For:** \$287,455.00  
**Metro Cash Match:** \$0.00  
**Department Contact:** Jim Stephens  
880-2850  
**Status:** NEW

**Program Description:**

Funding will be used for reducing violent crime in Davidson County. This funding will be used to pay for overtime 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:**

 6-25-19  
\_\_\_\_\_  
Director of Finance                      Date

 7/2/19  
\_\_\_\_\_  
Metropolitan Attorney                      Date

**APPROVED AS TO RISK AND INSURANCE:**

 7/1/19  
\_\_\_\_\_  
Director of Risk Management                      Date  
Services

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

**Certification of Compliance with 8 U.S.C. § 1373 by Prospective Subrecipient:  
Recipient subaward to a Government Entity**

On behalf of the applicant government entity named below as the "prospective subrecipient," and in support of its request to the "Recipient" identified below for a subaward from the grant awarded by the U.S. Department of Justice ("USDOJ") under the FY 2018 OJP Program identified below ("OJP Program"), I certify to the Recipient, and also to the Office of Justice Programs ("OJP"), USDOJ, that all of the following are true and correct:

- (1) I am the chief legal officer of the government entity named below as the prospective subrecipient, and I have the authority to make this certification on behalf of the jurisdiction and the applicant entity (that is, the "prospective subrecipient"). I understand that OJP will rely upon this certification as a material representation in any decision to make a subaward to the prospective subrecipient.
- (2) I have carefully reviewed 8 U.S.C. § 1373(a) and (b), including the prohibitions on certain actions by State and local government entities, -agencies, and -officials with respect to information regarding citizenship and immigration status. I also have reviewed the provisions set out at (or referenced in) 8 U.S.C. § 1551 note ("Abolition ... and Transfer of Functions"), pursuant to which references to the "Immigration and Naturalization Service" in 8 U.S.C. § 1373 are to be read, as a legal matter, as references to particular components of the U.S. Department of Homeland Security.
- (3) I (and also the prospective subrecipient) understand that if the prospective subrecipient receives a subaward under the OJP Program—
  - (a) the subrecipient (and agencies or other entities thereof) must comply with 8 U.S.C. § 1373, throughout the period of performance for the subaward, with respect to any "program or activity" funded in whole or in part with the subaward; and
  - (b) the subrecipient may not make a lower-tier subaward to a State or local government, or to a "public" institution of higher education, unless the subrecipient first obtains a certification of compliance with 8 U.S.C. § 1373 (on a form provided by USDOJ), properly executed by the chief legal officer of the jurisdiction or educational institution that would receive it.
- (4) I (and also the prospective subrecipient) understand that, for purposes of this certification, "program or activity" means what it means under title VI of the Civil Rights Act of 1964 (see 42 U.S.C. § 2000d-4a), and that terms used in this certification that are defined in 8 U.S.C. § 1101 mean what they mean under that section 1101, except that the term "State" also shall include American Samoa (cf. 34 U.S.C. § 10251(a)(2)). Also, I understand that, for purposes of this certification, neither a "public" institution of higher education (i.e., one that is owned, controlled, or directly funded by a State or local government) nor an Indian tribe is considered a State or local government entity or -agency.
- (5) I have conducted (or caused to be conducted for me) a diligent inquiry and review concerning the following (which, for the specific purpose of this paragraph (5) shall not be understood to include any "program or activity" of any planned subrecipient of a lower-tier subaward):
  - (a) the "program or activity" to be funded (in whole or in part) with the subaward sought by the prospective subrecipient under this FY 2018 OJP Program; and
  - (b) any prohibitions or restrictions potentially applicable to the "program or activity" to be funded with that subaward (if received) that deal with sending to, requesting or receiving from, maintaining, or exchanging information of the types described in 8 U.S.C. § 1373(a) or (b), whether imposed by a State or local government entity, -agency, or -official.
- (6) As of the date of this certification, neither the prospective subrecipient nor any entity, agency, or official of the prospective subrecipient has in effect, purports to have in effect, or is subject to or bound by, any prohibition or any restriction that would apply to the "program or activity" to be funded in whole or in part with the requested subaward (which, for the specific purpose of this paragraph (6), shall not be understood to include any such "program or activity" of any planned subrecipient of a lower-tier subaward), and that deals with either— (1) a government entity or -official sending or receiving information regarding citizenship or immigration status as described in 8 U.S.C. § 1373(a); or (2) a government entity or -agency sending to, requesting or receiving from, maintaining, or exchanging information of the types (and with respect to the entities) described in 8 U.S.C. § 1373(b).

*Metropolitan Gov't of Nashville & Davidson Co.*

Government entity that is the "prospective subrecipient" of a subaward of funds from the FY 2018 OJP Program identified below

*Jon Cooper*

Signature of chief legal officer of the prospective subrecipient

*Director of Law*

Title of chief legal officer of the prospective subrecipient

*State of Tennessee*

Recipient from which the prospective subrecipient seeks a subaward under the FY 2018 OJP Program identified below

*Jon Cooper*

Printed name of chief legal officer of the prospective subrecipient

*July 3, 2019*

Date of Certification

**FY 2018 OJP Program: Project Safe Neighborhoods ("PSN") Program**

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

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  - (a) the subrecipient (and agencies or other entities thereof) must comply with 8 U.S.C. § 1373, throughout the period of performance for the subaward, with respect to any "program or activity" funded in whole or in part with the subaward; and
  - (b) the subrecipient may not make a lower-tier subaward to a State or local government, or to a "public" institution of higher education, unless the subrecipient first obtains a certification of compliance with 8 U.S.C. § 1373 (on a form provided by USDOJ), properly executed by the chief legal officer of the jurisdiction or educational institution that would receive it.
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Metropolitan Gov't of Nashville & Davidson Co.

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Jon Cooper

Signature of chief legal officer of the prospective subrecipient

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Jon Cooper

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July 3, 2019

Date of Certification

**FY 2018 OJP Program: Project Safe Neighborhoods ("PSN") Program**

## Scope of Services/Project Narrative

### PSN Middle

**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.**

**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.**

**Project zones and NIBIN related incident numbers are: 111 = 44, 211 = 69, 221 = 67, 321 = 67, 325 = 58, 335 = 58, 511 = 115, 611 = 91, 613 = 117, 615 = 62, 621 = 75, 623 = 72, and 721 = 105.**

**These NIBIN related incidents include robberies, shootings of people where victims survived, residential damage, and homicides.**

**Across the county, robberies, shootings, damage to property, and homicides account for 54% 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.**

#### **ELIGIBILITY**

Eligible subrecipients are limited to local law enforcement agencies whose primary jurisdiction falls within the United States District Court for the Middle District of Tennessee. Applications shall be limited to only those agencies whose enforcement area within the middle district include territory within zip-codes that have been

identified by the Project Safe Neighborhood (PSN) committee as target areas due to the high statistical prevalence of violent gun-related crimes.

The zip-codes identified as project target areas are: 37207, 37218, 37208, 37076, 37115, 37206, 37216, 37211, 37217, and 37210.

**Does your agency's enforcement area include the following zip-codes: 37207, 37218, 37208, 37076, 37115, 37206, 37216, 37211, 37217, and 37210?**

Yes, all of the above listed zip codes fall within the jurisdictional boundaries of the MNPDP.

## **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 keep 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 established Crime Gun Unit working with ATF partners to follow-up and investigate NIBIN related incidents that can be prosecuted at the state and federal level.**

**Objective 2: Provide additional training and opportunities to the precinct level 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.**

## **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 Crime Gun Unit 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 the Crime Gun Unit.**

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

**Objective 2:** Overtime will be allotted to specifically chosen detectives at the precinct to follow-up on NIBIN leads after completing a 4 hour block of training conducted by Crime Gun Unit personnel which 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 with SID CGU personnel.**

**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”.**

**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	Crime Gun Unit Supervisor / Detective	within 45 days of grant award
Establish min investigative standards for NIBIN follow-up	Crime Gun Unit Supervisor	within 30 days of grant award
NIBIN lead follow-up	MNPD investigators (CGU and Precinct)	minimum standard lead investigations to be completed within 10 working days

**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. The training will be provided by Crime Gun Unit personnel already conducting investigations into NIBIN related incidents in conjunction with our ATF partners.**

**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:**

- **6 Detectives (Police Officer II) assigned to the SID Crime Gun Unit**
- **1 Sergeant assigned to the SID Crime Gun Unit to oversee administered funds and investigative follow-up.**
- **8 Detectives (Police Officer II) assigned to the Patrol Precincts (1 detective from each precinct)**
- **1 Lieutenant assigned to the Specialized Investigations Division**

### **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 Crime Gun Unit 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:**

- o **Which specific NIBIN cases were investigated using grant funds**
- o **Date of NIBIN assignments made along with data case is closed / completed**
- o **Assigned case detective**

**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 2 ATF agents, an assistant US Attorney, and an assistant District Attorney assigned to work and consult in these investigations.

### **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.**
- 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**

**ATTACHMENT A  
APPLICATION FOR FUNDING  
GRANT PROJECT NARRATIVE  
(Narrative Page 6)**

**identify and prosecute the offenders of illegal use and trafficking. We will work directly with ATF and FBI personnel 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				
AGENCY NAME: Metropolitan Nashville Police Department				
FUND SOURCE: FY2020 PSN Middle				
SOLICITATION NUMBER: 16.609 Middle Tennessee Project Safe Neighborhoods				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1,2019 END: June 31, 2020				
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>	\$130,652.00	\$0.00	\$130,652.00
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>	\$0.00	\$0.00	\$0.00
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>	\$13,063.00	\$0.00	\$13,063.00
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>\$143,715.00</b>	<b>\$0.00</b>	<b>\$143,715.00</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>.)

<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**

**GRANT BUDGET LINE-ITEM DETAIL:**

AGENCY NAME: Metropolitan Nashville Police Department  
 FUND SOURCE: FY2020 PSN Middle  
 SOLICITATION NUMBER: 16.609 Middle Tennessee Project Safe Neighborhoods

<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 \$ 25917.00, Estimated Time on Project 19%	\$25,917.00
Position 2: Police Officer II, Salary and Benefits for Overtime \$ 20947.00, Estimated Time on Project 20%	\$20,947.00
Position 3: Police Officer II, Salary and Benefits for Overtime \$ 20947.00, Estimated Time on Project 20%	\$20,947.00
Position 4: Police Officer II, Salary and Benefits for Overtime \$ 20947.00, Estimated Time on Project 20%	\$20,947.00
Position 5: Police Officer II, Salary and Benefits for Overtime \$ 20947.00, Estimated Time on Project 20%	\$20,947.00
Position 6: Police Officer II, Salary and Benefits for Overtime \$ 20947.00, Estimated Time on Project 20%	\$20,947.00
Repeat row(s) as Necessary	\$0.00
<b>TOTAL</b>	<b>\$130,652.00</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
Repeat row(s) as Necessary	\$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: <Please provide description here>	\$0.00
All Other Items: <Please provide description here>	\$0.00
Repeat row(s) as Necessary	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

<b>INSURANCE</b>	<b>AMOUNT</b>
Description of Insurance: <Please provide description of Insurance here>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

<b>DEPRECIATION</b>	<b>AMOUNT</b>
Description of Depreciation: <Please provide description of depreciation here>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

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

<b>INDIRECT COST</b>	<b>AMOUNT</b>
Description of Indirect Costs: <Please provide description of Indirect Costs here>	\$13,063.00
<b>TOTAL</b>	<b>\$13,063.00</b>

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

<b>GRANT BUDGET</b>				
<b>AGENCY NAME:</b> Metropolitan Nashville Police Department				
<b>FUND SOURCE:</b> FY2020 PSN Middle				
<b>SOLICITATION NUMBER:</b> 16.609 Middle Tennessee Project Safe Neighborhoods				
<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: July 1, 2020</b>	<b>END: June 30, 2021</b>	
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1, 2	Salaries, Benefits & Taxes <sup>2</sup>	\$130,676.00	\$0.00	\$130,676.00
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>	\$0.00	\$0.00	\$0.00
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>	\$13,064.00	\$0.00	\$13,064.00
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>\$143,740.00</b>	<b>\$0.00</b>	<b>\$143,740.00</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>.)

<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**

**GRANT BUDGET LINE-ITEM DETAIL:**

AGENCY NAME: Metropolitan Nashville Police Department  
 FUND SOURCE: FY2020 PSN Middle  
 SOLICITATION NUMBER: 16.609 Middle Tennessee Project Safe Neighborhoods

SALARIES, BENEFITS & TAXES	AMOUNT
Summary of individual positions that will support project activities. Review Instructions for examples.	\$0.00
Position 1: Sergeant, Salary and Benefits for Overtime \$ 25326.00, Estimated Time on Project 18%	\$25,326.00
Position 2: Police Officer II, Salary and Benefits for Overtime \$ 21070.00, Estimated Time on Project 19%	\$21,070.00
Position 3: Police Officer II, Salary and Benefits for Overtime \$ 21070.00, Estimated Time on Project 19%	\$21,070.00
Position 4: Police Officer II, Salary and Benefits for Overtime \$ 21070.00, Estimated Time on Project 19%	\$21,070.00
Position 5: Police Officer II, Salary and Benefits for Overtime \$ 21070.00, Estimated Time on Project 19%	\$21,070.00
Position 6: Police Officer II, Salary and Benefits for Overtime \$ 21070.00, Estimated Time on Project 19%	\$21,070.00
Repeat row(s) as Necessary	\$0.00
<b>TOTAL</b>	<b>\$130,676.00</b>

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

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

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Occupancy: <Please provide description here>	\$0.00
Supplies: <Please provide description here>	\$0.00
Sensitive Minor Equipment: <Please provide description here>	\$0.00
All Other Items: <Please provide description here>	\$0.00
Repeat row(s) as Necessary	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

INSURANCE	AMOUNT
Description of Insurance: <Please provide description of Insurance here>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

<b>DEPRECIATION</b>	<b>AMOUNT</b>
Description of Depreciation: <Please provide description of depreciation here>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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

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

<b>INDIRECT COST</b>	<b>AMOUNT</b>
Description of Indirect Costs: <Please provide description of Indirect Costs here>	\$13,063.00
<b>TOTAL</b>	<b>\$13,063.00</b>

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

**PSN Gun Crime Grant**

IDC

\$287,454.00    \$26,129.57    \$261,324.43  
\$143,727.00    \$13,064.78    \$130,662.22

**Sergeant**

FY19-20

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$76,800	1	4,762	1,114	11,900	500	200	9,477

FY20-21    (Projecting a 3% Increase, 3% COLA)

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$79,104	1	4,904	1,147	11,900	500	200	9,761

FY21-22    (Projecting a 3% Increase)

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$81,477	1	5,052	1,181	11,900	500	200	10,054

**Police Officer II**

FY19-20

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$59,100	1	3,664	857	11,900	500	200	7,293

FY20-21    (Projecting a 3% Increase, 3% COLA)

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$60,873	1	3,774	883	11,900	500	200	7,512

FY21-22    (Projecting a 3% Increase)

Salary	FTE's	OASDI	SSMED	Health	Dental	Life	Pension
\$62,699	1	3,887	909	11,900	500	200	7,737

Year 1  
Year 2

Estimated  
Hours

Fringe T	Total
27,952	\$104,752

Hourly Rate OT Rate Fringe % Rate Fringe S&F Rate

\$36.92	\$55.38	19.99%	\$11.07	\$66.4560	390
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Fringe T	Total
28,413	\$107,517

\$38.03	\$57.05	19.99%	\$11.40	\$68.4497	370
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Fringe T	Total
28,887	\$110,364

\$39.17	\$58.76	19.99%	\$11.75	\$70.5031	
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Fringe T	Total
24,414	\$83,514

\$28.41	\$42.62	19.99%	\$8.52	\$51.1400	2048
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Fringe T	Total
24,769	\$85,642

\$29.27	\$43.90	19.99%	\$8.78	\$52.6742	2000
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Fringe T	Total
25,134	\$87,833

\$30.14	\$45.22	19.99%	\$9.04	\$54.2542	
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IDC

130652.4960      13062 143714.4960  
130674.7172      13064.78 143739.4972

**Estimated      Percentage**  
**Cost              of time**

25917.8400      19%

25326.3816      18%

104734.6560      20%  
20946.931

105348.3356      19%  
21069.667

**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:** Michael S Anderson, Chief of Police

**Name and Address of Authorizing Agency:** Metropolitan Nashville Police Department  
600 Murfreesboro Pike, Nashville TN. 37219

"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:** Jim Stephens  
**Certifying Designee's Title:** Lieutenant, Strategic Development Division  
**Certifying Designee's Address:** 600 Murfreesboro Pike Suite 202K  
**Certifying Designee's Address:** Nashville, TN. 37129

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

  
Authorized Signature of the Applicant Agency:

05/28/2019  
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:

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.

Jim Stephens, Lieutenant, Strategic Development Division, Grant Unit

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**Staff Name and Title (Printed)**

*Jim Stephens*

5/28/2019

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**Staff Person Signature and Date**



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: Lt. Jim Stephens
Name and Address of Authorizing Agency: Nashville Metropolitan Police Dept.
600 Murfreesboro Pike
Nashville, TN. 37129

Authorized Signature of the Applicant Agency or Designee: [Handwritten Signature]
Date: 5/28/2019

**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?

No

If Yes to either

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

Please describe each practice

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

**Name and Title of Authorized Official:**

Lt. Jim Stephens

**Name and Address of Authorizing Agency:**

Metropolitan Nashville Police Dept.

600 Murfreesboro Pike

Nashville TN. 37129

  
Authorized Signature of the Applicant Agency

5/28/2019  
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.

**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 voluntarily 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:**                    **Michael S, Anderson, Chief of Police**

**Name and Address of Authorizing Agency:**    **Metropolitan Nashville Police Dept.**  
**600 Murfreesboro Pike P.O. Box 196399**  
**Nashville, Tennessee**  
**37219-6399**

"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)."

**X 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:** Jim Stephens  
**Certifying Designee's Title:** Lieutenant Strategic Development Division, Grants Unit  
**Certifying Designee's Address:** 600 Murfreesboro Pike, Suite 202K  
**Certifying Designee's Address:** Nashville, Tennessee, 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:** Michael S, Anderson, Chief of Police  
**Name and Address of Authorizing Agency:** Metropolitan Nashville Police Dept.  
600 Murfreesboro Pike P.O. Box 196399  
Nashville, Tennessee, 37219-6399

"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:** Jim Stephens  
**Certifying Designee's Title:** Lieutenant Strategic Development Division, Grants Unit  
**Certifying Designee's Address:** 600 Murfreesboro Pike, Suite 202K  
**Certifying Designee's Address:** Nashville, Tennessee, 37219-6399

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

  
Authorized Signature of the Applicant Agency:

5/28/2019  
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.

**Agency Name:** Metropolitan Nashville Police Dept. **Project Director's Name:** Capt. M. Alexander  
**Agency Address:** 600 Murfreesboro Pike Nashville TN, 37129-6399 **Project Director's Phone:** 615-880-2850  
**Grant Project Title:** 2020 PSN Gun Crime Grant  
**Grant Start Date:** August 1, 2019 **Grant End Date:** July 31, 2021  
**Grant Duration:** 24 Months **Grant Amount:** \$287,436.00

**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);



**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**

NAME OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:	TITLE OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:	TOTAL ANNUAL SALARY OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:

**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:** Michael S Anderson, Chief of Police

**Name and Address of Authorizing Agency:** Metropolitan Nashville Police Dept.  
600 Murfreesboro Pike P.O. Box 196399  
Nashville, Tennessee, 37219-6399

"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)."

**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 MNPDP'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:** Jim Stephens  
**Certifying Designee's Title:** Lieutenant, Strategic Development Div. Grants Unit  
**Certifying Designee's Address:** 600 Murfreesboro Pike, Suite 202K  
**Certifying Designee's Address:** Nashville, Tennessee, 37219-6399

**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: