

Wilmington, Delaware
May 19, 2016

#4218

Sponsor:

Council
Member
M. Brown

WHEREAS, pursuant to Section 2-363 of the City Code, the Council deemed it necessary and proper to specify the requirements for review and approval of City-sponsored grant applications and proposals, including authorization for expedited grant applications when necessary, prior to Council's approval by resolution; and

WHEREAS, the City, through the Wilmington Police Department, has submitted five (5) grant applications to the State of Delaware, State Aid to Local Law Enforcement Program (SALLE) totaling \$60,208.23; and

WHEREAS, the SALLE applications are as follows: (1) \$35,000.00 for advanced and specialized training in the area of law enforcement, (2) \$13,408.23 for automatic external defibrillators (AEDs) to be deployed in departmental vehicles, (3) \$5,000 for a specialized infrared lens for the Forensic Services Unit's unmanned aerial vehicle (drone), (4) \$3,800 for specialized response tools for technicians in the Explosive Ordnance Disposal Team (EOD) for explosive ordnance disposal activities, and (5) \$3,000 for specialized electronic materials to create improvised explosive devices, which will aid in training of EOD and department personnel.

WHEREAS, none of the grants require a local match; and

WHEREAS, the Council deems it necessary and proper to authorize the five (5) SALLE applications totaling \$60,208.23, for the aforesaid purposes.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF WILMINGTON that the Wilmington Police Department's five (5) SALLE grant

applications in the total amount of \$60,208.23, copies of which are attached hereto, are hereby authorized.

BE IT FURTHER RESOLVED that the Chief of Police of the Wilmington Police Department, or his designee, shall be authorized to take all necessary actions to accept any and all funds associated with the five (5) SALLE grant applications.

Passed by City Council,
May 19, 2016

ATTEST: Maribel Seijo
City Clerk

Approved as to form this
16th day of May, 2016

Danya Dhatnaga
Assistant City Solicitor

SYNOPSIS: This Resolution authorizes five (5) grant applications of the Wilmington Police Department to the State of Delaware, State Aid to Local Law Enforcement in the total amount of \$60,208.23. The funds will be used as follows: (1) \$35,000.00 for advanced and specialized training in the area of law enforcement, (2) \$13,408.23 for automatic external defibrillators (AEDs) to be deployed in departmental vehicles, (3) \$5,000 for a specialized infrared lens for the Forensic Services Unit's unmanned aerial vehicle (drone), (4) \$3,800 for specialized response tools for technicians in the Explosive Ordnance Disposal Team for explosive ordnance disposal activities, and (5) \$3,000 for specialized electronic materials to create improvised explosive devices, which will aid in training of EOD and department personnel. None of the grants require a local match.

EXHIBIT 1

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

APPLICATION FORM

STATE AID TO LOCAL LAW ENFORCEMENT
DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 818
DOVER, DELAWARE 19903
ATTENTION: DEBBY GOLDEN
(302) 744-2674

For Committee Use Only

Application # _____
Date Received _____
Date Approved _____
Date Processed _____

Applicant Agency

Agency: Wilmington Police Department
Address: 300 North Walnut Street
Wilmington, Delaware

Zip Code: 19801 Phone: 302-576-3171

Type of Application:

Personnel _____
Equipment _____
Services _____
Match Federal Funds _____
Other (Specify) Training Funds

Will Funds Be Used To Match Federal Funds ? NO

Number of Full-Time Sworn Officers: 310

If yes, give program title, federal funds Anticipated, and SALLE funds required:

Funds Requested: \$35,000

Grant Period: From: 01 February 2016
To: 31 January 2019

1. **Project Summary:** Describe the problem, the goal, the approach, and the results or benefits expected from this project. This section should clearly and Concisely describe what the project will achieve and/or demonstrate. Be specific, identify how the funds will be used and how the project qualifies for funding under Chapter IV of State Aid to Local Law Enforcement Guidelines. Cite appropriate qualifying paragraph numbers from Chapter IV.

The Wilmington Police Department proposes to use funds received from S.A.L.L.E. to provide advanced and specialized training in the areas of both law enforcement and drug enforcement. This training will include, but is not limited to: Advanced S.W.A.T. training, Pro-active Internal Affairs Investigations, Advanced Evidence Analysis, Advanced Drug Investigations, and Supervisory Leadership Training, to name a few. The funds will be used for both on-site and off-site training including travel, lodging and registration fees for the sworn members of this Department.

This project qualifies for funding under Chapter IV 1(b) (Advanced Training) of the State Aid to Local Law Enforcement Guidelines.

2. **Budget Summary:**

Personnel	\$
Professional Services	\$
Training	\$35,000.00
Equipment	\$
Matching Federal Funds	\$
Other - (Overtime)	\$
Budget Total	<u>\$35,000.00</u>

2. **Budget Itemization:**

A. Personnel: For salary enhancement show total only and complete page 6.

1. Employees (List each by position)

	Cost
TOTAL PERSONNEL COST	\$ - 0 -

B. Professional Services: For consultants or individuals to be reimbursed for Personnel services on a fee basis, list each type of consultant or service (with number in each category and names of major consultants where available), the proposed rates (by day, week, or hour) and the amount of time to be devoted to such service.

	Cost
	\$ - 0 -
TOTAL PROFESSIONAL SERVICES COST	\$ - 0 -

C. Training: Itemize in-state and out-of-state training expenses of personnel by purpose. (Example: Out-of-State training – Drug Investigation, Clark University, Tuition - \$350.00, Housing - \$140.00, etc.)

	Cost
Funds will cover expenses for both in-state and out-of-state training for our sworn officers attending advanced Law Enforcement and Drug Enforcement training. Covered expenses will include all registration fees, travel, lodging and per diem expenses.	\$35,000.00
TOTAL COST FOR TRAINING	\$35,000.00

D. Equipment: (i.e., Office Furniture, Communications equipment, etc.). Each type of item to be purchased should be listed separately with estimated unit costs.

	Cost
Total Cost for Equipment	

E. Matching Federal Funds: (Identify the Federal Funds to be matched).

	Cost
	\$ - 0 -
TOTAL MATCHING FEDERAL FUNDS	\$ - 0 -

F. Other: A specific itemization of each type of expense with basis of computation provided.

	Cost
	\$
TOTAL OTHER COSTS	\$

FOR S.A.L.L.E. COMMITTEE USE ONLY:

Recommended Funding Level: _____

Recommended Special Conditions: _____

Date of Approval: _____

To be completed for salary enhancement applications only:

Name of Officer	Current Salary *	Projected Salary **

* Without SALLE Funds

** With SALLE Funds

Approval and Acceptance Conditions

It is understood and agreed to by the application: (1) That any funds received as a result of this application shall be subject to any conditions set forth by the S.A.L.L.E. Committee and all Committee policies, regulations and rules regarding State Aid to Local Law Enforcement Program Funds; (2) That funds awarded are to be expended only for the purposes and activities specified in the plan and budget; (3) That any modification within the plan or budget requires approval by the S.A.L.L.E. Committee in advance of the modification implementation; (4) That appropriate records and accounts will be maintained and made available for audit as prescribed or determined as necessary by the S.A.L.L.E. Committee; (5) The applicant hereby certifies that the funds herein requested shall not be used to supplant regularly budgeted local law enforcement funds; (6) The applicant further certifies that all sworn employees are in compliance with Title 11, Chapter 84 of the DELAWARE CODE.

The undersigned hereby attest that the information contained in this application for funds is true and correct to the best of our knowledge and belief.

Mayor

Dennis P. Williams

Signature Date

Chief of Police

Bobby L. Cummings

Signature Date

Notary Public

Notary Public Signature

State of Delaware, County of
New Castle Sworn and sub-
Scribed before me this

_____ day of _____, 20_____

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

REQUEST FOR FUNDS

Send to:	<u>For Commission Use Only</u>
State Aid to Local Law Enforcement	Grant Application Number _____
Department of Public Safety	Date Received _____
P.O. Box 818	Approval Date _____
Dover, Delaware 19901	Processed by _____
Attention: Debby Golden	Comments: _____
302-744-2674	

Requesting Police Agency	Program Title
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<u>Wilmington Police Department</u>	<u>Advanced Training for Sworn Personnel</u>
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Address	Amount Requested
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<u>300 North Walnut Street</u>	<u>\$35,000.00</u>
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City/State/Zip	Agency Employer Identification Number
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<u>Wilmington, Delaware 19801</u>	<u>51-0176414</u>
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Phone: 302-576-3171

Funds are requested in accordance with State Aid to Local Law Enforcement application number _____ as of _____ (date) for the grant period of _____ to _____.

Mayor Dennis P. Williams _____
Signature Date

Police Chief Bobby L. Cummings _____
Signature Date

EXHIBIT 2

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

APPLICATION FORM

STATE AID TO LOCAL LAW ENFORCEMENT
DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 818
DOVER, DELAWARE 19903
ATTENTION: DEBBY GOLDEN
(302) 744-2674

For Committee Use Only

Application # _____
Date Received _____
Date Approved _____
Date Processed _____

Applicant Agency

Agency: Wilmington Police Department
Address: 300 North Walnut Street
Wilmington, Delaware

Zip Code: 19801 Phone: 302-576-3171

Will Funds Be Used To Match Federal Funds ? NO

If yes, give program title, federal funds
Anticipated, and SALLE funds required:

Type of Application:

Personnel _____
Equipment x
Services _____
Match Federal
Funds _____
Other (Specify) - _____

Number of Full-Time
Sworn Officers: **310**

Funds Requested: **\$13,408.23**

Grant Period: From: 01 February 2016
To: 31 January 2019

1. **Project Summary:** Describe the problem, the goal, the approach, and the results or benefits expected from this project. This section should clearly and Concisely describe what the project will achieve and/or demonstrate. Be specific, identify how the funds will be used and how the project qualifies for funding under Chapter IV of State Aid to Local Law Enforcement Guidelines. Cite appropriate qualifying paragraph numbers from Chapter IV.

The Wilmington Police Department proposes to use funds received from S.A.L.L.E. to purchase equipment (technology) to be utilized by all sworn personnel. Specifically, the Department is requesting the purchase of ten (10) Automatic External Defibrillators (AED's). These units will be deployed in Departmental vehicles and will be used as first responder life saving measures.

This project qualifies for funding under Chapter IV (Equipment to improve enforcement) of the State Aid to Local Law Enforcement Guidelines.

2. **Budget Summary:**

Personnel	\$
Professional Services	\$
Training	\$
Equipment	\$13,408.23
Matching Federal Funds	\$
Other - (Overtime)	\$
Budget Total	\$13,408.23

2. **Budget Itemization:**

A. Personnel: For salary enhancement show total only and complete page 6.

1. Employees (List each by position)

	Cost
TOTAL PERSONNEL COST	\$ - 0 -

B. Professional Services: For consultants or individuals to be reimbursed for Personnel services on a fee basis, list each type of consultant or service (with number in each category and names of major consultants where available), the proposed rates (by day, week, or hour) and the amount of time to be devoted to such service.

	Cost
	\$ - 0 -
TOTAL PROFESSIONAL SERVICES COST	\$ - 0 -

C. Training: Itemize in-state and out-of-state training expenses of personnel by purpose. (Example: Out-of-State training – Drug Investigation, Clark University, Tuition - \$350.00, Housing - \$140.00, etc.)

	Cost
	\$ -0-
	\$ -0-

D. Equipment: (i.e., Office Furniture, Communications equipment, etc.). Each type of item to be purchased should be listed separately with estimated unit costs.

	Cost
Ten (10) Automatic External Defibrillators with associated warranty and accessories at approximately \$1,360 each.	\$13,408.23
Total Cost for Equipment	\$13,408.23

E. Matching Federal Funds: (Identify the Federal Funds to be matched).

	Cost
	\$ - 0 -
TOTAL MATCHING FEDERAL FUNDS	\$ - 0 -

F. Other: A specific itemization of each type of expense with basis of computation provided.

	Cost
	\$
TOTAL OTHER COSTS	\$

FOR S.A.L.L.E. COMMITTEE USE ONLY:

Recommended Funding Level: _____

Recommended Special Conditions: _____

Date of Approval: _____

To be completed for salary enhancement applications only:

Name of Officer	Current Salary *	Projected Salary **

* Without SALLE Funds

** With SALLE Funds

Approval and Acceptance Conditions

It is understood and agreed to by the application: (1) That any funds received as a result of this application shall be subject to any conditions set forth by the S.A.L.L.E. Committee and all Committee policies, regulations and rules regarding State Aid to Local Law Enforcement Program Funds; (2) That funds awarded are to be expended only for the purposes and activities specified in the plan and budget; (3) That any modification within the plan or budget requires approval by the S.A.L.L.E. Committee in advance of the modification implementation; (4) That appropriate records and accounts will be maintained and made available for audit as prescribed or determined as necessary by the S.A.L.L.E. Committee; (5) The applicant hereby certifies that the funds herein requested shall not be used to supplant regularly budgeted local law enforcement funds; (6) The applicant further certifies that all sworn employees are in compliance with Title 11, Chapter 84 of the DELAWARE CODE.

The undersigned hereby attest that the information contained in this application for funds is true and correct to the best of our knowledge and belief.

Mayor

Dennis P. Williams

Signature

Date

Chief of Police

Bobby L. Cummings

Signature

Date

Notary Public

Notary Public Signature
State of Delaware, County of
New Castle Sworn and sub-
Scribed before me this

_____ day of _____, 20____

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

REQUEST FOR FUNDS

Send to: State Aid to Local Law Enforcement Department of Public Safety P.O. Box 818 Dover, Delaware 19901 Attention: Debby Golden 302-744-2674	<u>For Commission Use Only</u> Grant Application Number _____ Date Received _____ Approval Date _____ Processed by _____ Comments: _____
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Requesting Police Agency	Program Title
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Wilmington Police Department

Automatic External Defibrillators

Address

Amount Requested

300 North Walnut Street

\$13,408.23

City/State/Zip

Agency Employer Identification
Number

Wilmington, Delaware 19801

51-0176414

Phone: **302-576-3171**

Funds are requested in accordance with State Aid to Local Law Enforcement application number _____ as of _____ (date) for the grant period of _____ to _____.

Mayor **Dennis P. Williams**

Signature Date

Police Chief **Bobby L. Cummings**

Signature Date

EXHIBIT 3

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

APPLICATION FORM

STATE AID TO LOCAL LAW ENFORCEMENT
DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 818
DOVER, DELAWARE 19903
ATTENTION: DEBBY GOLDEN
(302) 744-2674

For Committee Use Only

Application # _____
Date Received _____
Date Approved _____
Date Processed _____

Applicant Agency

Agency: Wilmington Police Department
Address: 300 North Walnut Street
Wilmington, Delaware

Zip Code: 19801 Phone: 302-576-3171

Will Funds Be Used To Match Federal Funds ? NO

If yes, give program title, federal funds
Anticipated, and SALLE funds required:

Type of Application:

Personnel _____
Equipment x
Services _____
Match Federal
Funds _____
Other (Specify) - _____

Number of Full-Time
Sworn Officers: **310**

Funds Requested: **\$5,000.00**

Grant Period: From: 01 February 2016
To: 31 January 2019

1. **Project Summary:** Describe the problem, the goal, the approach, and the results or benefits expected from this project. This section should clearly and concisely describe what the project will achieve and/or demonstrate. Be specific, identify how the funds will be used and how the project qualifies for funding under Chapter IV of State Aid to Local Law Enforcement Guidelines. Cite appropriate qualifying paragraph numbers from Chapter IV.

The Wilmington Police Department proposes to use funds received from S.A.L.L.E. to purchase equipment (technology) for the Forensics Services Unit. The equipment consists of a Flir-Vue infrared imaging system. This specialized lens is deployed with an Unmanned Aerial Vehicle (drone) to search for suspects, victims, discarded weapons, and evidence, in areas not accessible by foot.

This project qualifies for funding under Chapter IV (Equipment to improve enforcement) of the State Aid to Local Law Enforcement Guidelines.

2. **Budget Summary:**

Personnel	\$
Professional Services	\$
Training	\$
Equipment	\$5,000.00
Matching Federal Funds	\$
Other - (Overtime)	\$
Budget Total	\$5,000.00

2. **Budget Itemization:**

A. Personnel: For salary enhancement show total only and complete page 6.

1. Employees (List each by position)

	Cost
TOTAL PERSONNEL COST	\$ - 0 -

B. Professional Services: For consultants or individuals to be reimbursed for Personnel services on a fee basis, list each type of consultant or service (with number in each category and names of major consultants where available), the proposed rates (by day, week, or hour) and the amount of time to be devoted to such service.

	Cost
	\$ - 0 -
TOTAL PROFESSIONAL SERVICES COST	\$ - 0 -

C. Training: Itemize in-state and out-of-state training expenses of personnel by purpose. (Example: Out-of-State training – Drug Investigation, Clark University, Tuition - \$350.00, Housing - \$140.00, etc.)

	Cost
	\$ -0-
	\$ -0-

D. Equipment: (i.e., Office Furniture, Communications equipment, etc.). Each type of item to be purchased should be listed separately with estimated unit costs.

	Cost
One (1) Flir-Vue infrared imaging system for use with an Unmanned Aerial Vehicle (drone).	\$5,000.00
Total Cost for Equipment	\$5,000.00

E. Matching Federal Funds: (Identify the Federal Funds to be matched).

	Cost
	\$ - 0 -
TOTAL MATCHING FEDERAL FUNDS	\$ - 0 -

F. Other: A specific itemization of each type of expense with basis of computation provided.

	Cost
	\$
TOTAL OTHER COSTS	\$

FOR S.A.L.L.E. COMMITTEE USE ONLY:

Recommended Funding Level: _____

Recommended Special Conditions: _____

Date of Approval: _____

To be completed for salary enhancement applications only:

Name of Officer	Current Salary *	Projected Salary **

*** Without SALLE Funds**

**** With SALLE Funds**

Approval and Acceptance Conditions

It is understood and agreed to by the application: (1) That any funds received as a result of this application shall be subject to any conditions set forth by the S.A.L.L.E. Committee and all Committee policies, regulations and rules regarding State Aid to Local Law Enforcement Program Funds; (2) That funds awarded are to be expended only for the purposes and activities specified in the plan and budget; (3) That any modification within the plan or budget requires approval by the S.A.L.L.E. Committee in advance of the modification implementation; (4) That appropriate records and accounts will be maintained and made available for audit as prescribed or determined as necessary by the S.A.L.L.E. Committee; (5) The applicant hereby certifies that the funds herein requested shall not be used to supplant regularly budgeted local law enforcement funds; (6) The applicant further certifies that all sworn employees are in compliance with Title 11, Chapter 84 of the DELAWARE CODE.

The undersigned hereby attest that the information contained in this application for funds is true and correct to the best of our knowledge and belief.

Mayor

Dennis P. Williams

Signature Date

Chief of Police

Bobby L. Cummings

Signature Date

Notary Public

Notary Public Signature

State of Delaware, County of
New Castle Sworn and sub-
Scribed before me this

_____ day of _____, 20

EXHIBIT 4

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

APPLICATION FORM

STATE AID TO LOCAL LAW ENFORCEMENT
DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 818
DOVER, DELAWARE 19903
ATTENTION: DEBBY GOLDEN
(302) 744-2674

For Committee Use Only

Application # _____
Date Received _____
Date Approved _____
Date Processed _____

Applicant Agency

Agency: Wilmington Police Department
Address: 300 North Walnut Street
Wilmington, Delaware

Zip Code: 19801 Phone: 302-576-3171

Type of Application:

Personnel _____
Equipment x
Services _____
Match Federal
Funds _____
Other (Specify) - _____

Will Funds Be Used To Match Federal Funds ? NO

Number of Full-Time
Sworn Officers: **310**

If yes, give program title, federal funds
Anticipated, and SALLE funds required:

Funds Requested: **\$3,800.00**

Grant Period: From: 01 February 2016
To: 31 January 2019

1. **Project Summary:** Describe the problem, the goal, the approach, and the results or benefits expected from this project. This section should clearly and Concisely describe what the project will achieve and/or demonstrate. Be specific, identify how the funds will be used and how the project qualifies for funding under Chapter IV of State Aid to Local Law Enforcement Guidelines. Cite appropriate qualifying paragraph numbers from Chapter IV.

The Wilmington Police Department proposes to use funds received from S.A.L.L.E. to purchase equipment. The Wilmington Police Department is requesting funds in order to purchase specialized equipment for the Explosive Ordnance Disposal Team. Specifically, response tools to equip each of the EOD technicians when handling explosive ordnance disposal activities.

This project qualifies for funding under Chapter IV (Equipment to improve enforcement) of the State Aid to Local Law Enforcement Guidelines.

2. **Budget Summary:**

Personnel	\$
Professional Services	\$
Training	\$
Equipment	\$3,800.00
Matching Federal Funds	\$
Other - (Overtime)	\$
Budget Total	\$3,800.00

2. **Budget Itemization:**

A. Personnel: For salary enhancement show total only and complete page 6.

1. Employees (List each by position)

	Cost
TOTAL PERSONNEL COST	\$ - 0 -

B. Professional Services: For consultants or individuals to be reimbursed for Personnel services on a fee basis, list each type of consultant or service (with number in each category and names of major consultants where available), the proposed rates (by day, week, or hour) and the amount of time to be devoted to such service.

	Cost
	\$ - 0 -
TOTAL PROFESSIONAL SERVICES COST	\$ - 0 -

C. Training: Itemize in-state and out-of-state training expenses of personnel by purpose. (Example: Out-of-State training – Drug Investigation, Clark University, Tuition - \$350.00, Housing - \$140.00, etc.)

	Cost
	\$ -0-
	\$ -0-

D. Equipment: (i.e., Office Furniture, Communications equipment, etc.). Each type of item to be purchased should be listed separately with estimated unit costs.

	Cost
Five (5) sets of Explosive Ordnance Disposal specific response tools to equip each EOD technician @ approx. \$750 each.	\$3,800.00
Total Cost for Equipment	\$3,800.00

E. Matching Federal Funds: (Identify the Federal Funds to be matched).

	Cost
	\$ - 0 -
TOTAL MATCHING FEDERAL FUNDS	\$ - 0 -

F. Other: A specific itemization of each type of expense with basis of computation provided.

	Cost
	\$
TOTAL OTHER COSTS	\$

FOR S.A.L.L.E. COMMITTEE USE ONLY:

Recommended Funding Level: _____

Recommended Special Conditions: _____

Date of Approval: _____

To be completed for salary enhancement applications only:

Name of Officer	Current Salary *	Projected Salary **

*** Without SALLE Funds**

**** With SALLE Funds**

Approval and Acceptance Conditions

It is understood and agreed to by the application: (1) That any funds received as a result of this application shall be subject to any conditions set forth by the S.A.L.L.E. Committee and all Committee policies, regulations and rules regarding State Aid to Local Law Enforcement Program Funds; (2) That funds awarded are to be expended only for the purposes and activities specified in the plan and budget; (3) That any modification within the plan or budget requires approval by the S.A.L.L.E. Committee in advance of the modification implementation; (4) That appropriate records and accounts will be maintained and made available for audit as prescribed or determined as necessary by the S.A.L.L.E. Committee; (5) The applicant hereby certifies that the funds herein requested shall not be used to supplant regularly budgeted local law enforcement funds; (6) The applicant further certifies that all sworn employees are in compliance with Title 11, Chapter 84 of the DELAWARE CODE.

The undersigned hereby attest that the information contained in this application for funds is true and correct to the best of our knowledge and belief.

Mayor

Dennis P. Williams

Signature Date

Chief of Police

Bobby L. Cummings

Signature Date

Notary Public

Notary Public Signature

State of Delaware, County of
New Castle Sworn and sub-
Scribed before me this
_____ day of _____, 20

EXHIBIT 5

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

APPLICATION FORM

STATE AID TO LOCAL LAW ENFORCEMENT DEPARTMENT OF PUBLIC SAFETY P.O. BOX 818 DOVER, DELAWARE 19903 ATTENTION: DEBBY GOLDEN (302) 744-2674	<u>For Committee Use Only</u> Application # _____ Date Received _____ Date Approved _____ Date Processed _____
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Applicant Agency	Type of Application:
Agency: <u>Wilmington Police Department</u>	Personnel _____
Address: <u>300 North Walnut Street</u>	Equipment <u> x </u>
<u>Wilmington, Delaware</u>	Services _____
Zip Code: <u>19801</u> Phone: <u>302-576-3171</u>	Match Federal Funds _____
	Other (Specify) - _____

Will Funds Be Used To Match Federal Funds ? <u>NO</u>	Number of Full-Time Sworn Officers: 310
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If yes, give program title, federal funds Anticipated, and SALLE funds required:

Funds Requested: **\$3,000.00**

Grant Period: From: 01 February 2016
To: 31 January 2019

1. **Project Summary:** Describe the problem, the goal, the approach, and the results or benefits expected from this project. This section should clearly and Concisely describe what the project will achieve and/or demonstrate. Be specific, identify how the funds will be used and how the project qualifies for funding under Chapter IV of State Aid to Local Law Enforcement Guidelines. Cite appropriate qualifying paragraph numbers from Chapter IV.

The Wilmington Police Department proposes to use funds received from S.A.L.L.E. to purchase equipment. The Wilmington Police Department is requesting funds in order to purchase specialized electronic materials for the Explosive Ordnance Disposal Team. Specifically, these materials will be used to create Improvised Explosive Devices for the purpose of recognition and disarming. This will aid members of the EOD team, as well as all Departmental personnel.

This project qualifies for funding under Chapter IV (Equipment to improve enforcement) of the State Aid to Local Law Enforcement Guidelines.

2. **Budget Summary:**

Personnel	\$
Professional Services	\$
Training	\$
Equipment	\$3,000.00
Matching Federal	
Funds	\$
Other - (Overtime)	\$
Budget Total	\$3,000.00

2. **Budget Itemization:**

A. Personnel: For salary enhancement show total only and complete page 6.

1. Employees (List each by position)

	Cost
TOTAL PERSONNEL COST	\$ - 0 -

B. Professional Services: For consultants or individuals to be reimbursed for Personnel services on a fee basis, list each type of consultant or service (with number in each category and names of major consultants where available), the proposed rates (by day, week, or hour) and the amount of time to be devoted to such service.

	Cost
	\$ - 0 -
TOTAL PROFESSIONAL SERVICES COST	\$ - 0 -

C. Training: Itemize in-state and out-of-state training expenses of personnel by purpose. (Example: Out-of-State training – Drug Investigation, Clark University, Tuition - \$350.00, Housing - \$140.00, etc.)

	Cost
	\$ -0-
	\$ -0-

D. Equipment: (i.e., Office Furniture, Communications equipment, etc.). Each type of item to be purchased should be listed separately with estimated unit costs.

	Cost
Electronic materials to construct Improvised Explosive Devices for training purposes.	\$3,000.00
Total Cost for Equipment	\$3,000.00

E. Matching Federal Funds: (Identify the Federal Funds to be matched).

	Cost
	\$ - 0 -
TOTAL MATCHING FEDERAL FUNDS	\$ - 0 -

F. Other: A specific itemization of each type of expense with basis of computation provided.

	Cost
	\$
TOTAL OTHER COSTS	\$

FOR S.A.L.L.E. COMMITTEE USE ONLY:

Recommended Funding Level: _____
 Recommended Special Conditions: _____

Date of Approval: _____

To be completed for salary enhancement applications only:

Name of Officer	Current Salary *	Projected Salary **

*** Without SALLE Funds**

**** With SALLE Funds**

Approval and Acceptance Conditions

It is understood and agreed to by the application: (1) That any funds received as a result of this application shall be subject to any conditions set forth by the S.A.L.L.E. Committee and all Committee policies, regulations and rules regarding State Aid to Local Law Enforcement Program Funds; (2) That funds awarded are to be expended only for the purposes and activities specified in the plan and budget; (3) That any modification within the plan or budget requires approval by the S.A.L.L.E. Committee in advance of the modification implementation; (4) That appropriate records and accounts will be maintained and made available for audit as prescribed or determined as necessary by the S.A.L.L.E. Committee; (5) The applicant hereby certifies that the funds herein requested shall not be used to supplant regularly budgeted local law enforcement funds; (6) The applicant further certifies that all sworn employees are in compliance with Title 11, Chapter 84 of the DELAWARE CODE.

The undersigned hereby attest that the information contained in this application for funds is true and correct to the best of our knowledge and belief.

Mayor

Dennis P. Williams

Signature Date

Chief of Police

Bobby L. Cummings

Signature Date

Notary Public

Notary Public Signature

State of Delaware, County of
New Castle Sworn and sub-
Scribed before me this
_____ day of _____, 20

STATE AID TO LOCAL LAW ENFORCEMENT PROGRAM

REQUEST FOR FUNDS

Send to:
State Aid to Local Law Enforcement
Department of Public Safety
P.O. Box 818
Dover, Delaware 19901
Attention: Debby Golden
302-744-2674

For Commission Use Only
Grant Application Number _____
Date Received _____
Approval Date _____
Processed by _____

Comments: _____

Requesting Police Agency

Program Title

Wilmington Police Department

Explosive Ordnance Disposal Training Materials

Address

Amount Requested

300 North Walnut Street

\$3,000.00

City/State/Zip

Agency Employer Identification
Number

Wilmington, Delaware 19801

51-0176414

Phone: 302-576-3171

Funds are requested in accordance with State Aid to Local Law Enforcement application number _____ as of _____ (date) for the grant period of _____ to _____.

Mayor Dennis P. Williams

Signature Date

Police Chief Bobby L. Cummings

Signature Date