COPS Application

MD073ZZ

World Org. for Resource Development and Education
SECTION 1: COPS PROGRAM REQUEST

Federal assistance is being requested under the following COPS program:

Verify the COPS grant program for which you are requesting federal assistance. A separate application must be completed for each COPS program for which you are applying. Please ensure that you read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

The program you have selected is: Community Policing Development

CPD Topic Area:

[ ] Using Community Policing to Combat Violent Extremism
SECTION 2: AGENCY ELIGIBILITY INFORMATION

A. Type of Agency (select one)
- Law Enforcement
- Non-Law Enforcement

From the list below, please select the type of agency which best describes the applicant.

Non-Law Enforcement Entities
- Non-profit Organization
SECTION 3: GENERAL AGENCY INFORMATION

A. Applicant ORI Number MD073ZZ

The ORI number is assigned by the FBI and is your agency’s unique identifier. The COPS Office uses the first seven characters of this number. The first two letters are your state abbreviation, the next three numbers are your county’s code, and the next two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant. ORI numbers assigned to agencies by the COPS Office may end in ‘ZZ’.

B. Applicant Data Universal Numbering System (DUNS) Number: 932719797

A Data Universal Numbering System (DUNS) number is required prior to submitting this application. A DUNS number is a unique nine or thirteen digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. For more information about how to obtain a DUNS number, please refer to the “How to Apply” section of the COPS Application Guide.

C. System for Award Management (SAM)

The System for Award Management (SAM) replaces the Central Contractor Registration (CCR) database as the repository for standard information about federal financial assistance applicants, recipients, and sub-recipients. DOJ requires that all applicants (other than individuals) for federal financial assistance maintain current registrations in the SAM database. Please note that Applicants must update or renew their SAM registration at least once a year to maintain active status.

Applicants that were previously registered in the CCR database must, at a minimum:

Create a SAM account

Log into SAM and migrate permissions to the COPS account (all the entity registrations and records should already have been migrated).

Applicants that were not previously registered in the CCR database must register in SAM prior to registering in Grants.gov. Information about SAM Registration procedures can be accessed at http://www.sam.gov.

For more information about how to register with SAM, please refer to the ‘How to Apply’ section of the COPS Application Guide.

Your SAM Registration is set to expire on: 03/09/2015

Please enter date in MM/DD/YYYY format.

Note: If your SAM registration is set to expire prior to September 30, 2014, please renew your SAM Registration prior to completing this application.

Contact the SAM Service Desk at 866-860-S220 or view/update your registration information at http://www.sam.gov

D. Geographic Names Information System (GNIS) ID: 1712500

Please enter your Geographic Names Information System (GNIS) Identification Number. This is a unique ID assigned to all geographic entities by the U.S. Geological Survey. To look up your GNIS Feature ID, please go to the website: http://geonames.usgs.gov/domestic/index.html. For more information about how to obtain a GNIS number, please refer to the “How to Apply” section of the COPS Application Guide.

E. Cognizant Federal Agency: Department of Justice

Select the legal applicant’s Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget. Applicants that have never received federal funding should select the “Department of Justice” as the Cognizant Federal Agency.

F. Fiscal Year: From 01/01/2014 to 12/31/2014

I. U.S. Department of Justice and Other Federal Funding

Applicants are required to disclose whether they have pending applications for federally funded assistance or active federal grants that support the same or similar activities or services for which grant funding is being requested under this application.

Be advised that as a general rule COPS grant funding may not be used for the same item or service funded through another funding source. However, leveraging multiple funding sources in a complementary manner to implement comprehensive programs or projects is encouraged and is not seen as inappropriate. To aid the COPS Office in the prevention of awarding potentially duplicative funding, please indicate whether your agency has a pending application and/or an active grant with any other federal funding source (e.g. direct federal funding or indirect federal funding through State sub-awarded funds) which supports the same or similar activities or services as being proposed in this COPS application. (Check all that apply):

- Bureau of Justice Assistance (BJA)
  - Pending Application
  - Active Grant
- Office of Justice Programs (OJP)
  - Pending Application
  - Active Grant
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
  - Pending Application
Active Grant
Office on Violence Against Women (OVW)
Pending Application
Active Grant
National Institute of Justice (NIJ)
Pending Application
Active Grant
Office for Victims of Crime (OVC)
Pending Application
Active Grant
Other Department of Justice Funding
Pending Application
Active Grant
Other Federal or State Sub-awarded Funding
Pending Application
Active Grant
No Federal or State Sub-awarded Funding
SECTION 4: EXECUTIVE INFORMATION

Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.

A. Law Enforcement Executive/Agency Executive Information:

For Law Enforcement Agencies: This is the highest ranking law enforcement official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent). This section below has been pre-populated from the information listed in your COPS Agency Portal Account. If this information is no longer correct, please log in to your COPS Agency Portal account and make the necessary corrections before proceeding with this application. For assistance, please call the COPS Office Response Center at 800-421-6770.

For Non-Law Enforcement Agencies: This is the highest ranking individual in the applicant agency (e.g. CEO, President, Chairperson, Director, etc.) who has the authority to apply for this grant on behalf of the applicant agency. If the grant is awarded, this position would ultimately be responsible for the programmatic implementation of the award. This section below has been pre-populated from the information listed in your COPS Agency Portal Account. If this information is no longer correct, please log in to your COPS Agency Portal account and make the necessary corrections before proceeding with this application. For assistance, please call the COPS Office Response Center at 800-421-6770.

Your agency previously indicated that if awarded, this grant would be used in a written contracting arrangement to receive law enforcement services (e.g., a town which is contracting with a neighboring sheriff’s department to receive services). Therefore, question 4A, should display the executive information for the agency which will be providing the law enforcement services under this grant (e.g., Sheriff). Question 4B should display the executive information for the government agency which will be receiving the law enforcement services under this grant (i.e., Mayor, City Manager, etc.). Before proceeding with this application, we ask that you please log onto the COPS Agency Portal to update the agency providing law enforcement services as your Law Enforcement Executive/Agency Executive Information. This information will be used to populate Section 4 of this application, so please ensure its accuracy.

Title: President
First Name: Hedieh Ml: Last Name: Mirahmadi Suffix:
Agency Name: World Org. for Resource Development and Education
Street1: 19650 CLUB HOUSE ROAD
Street2: SUITE 204
City: MONTGOMERY VILLAGE State: MD Zip / Postal Code: 20886
Telephone Number: 2025951355 Fax: Email:

B. Government Executive/Financial Official Information:

For Government Agencies: This is the highest ranking government official within your jurisdiction (e.g., Mayor, City Administrator, or equivalent). This section below has been pre-populated from the information listed in your COPS Agency Portal Account. If this information is no longer correct, please log in to your COPS Agency Portal account and make the necessary corrections before proceeding with this application. For assistance, please call the COPS Office Response Center at 800-421-6770.

For Non-Government Agencies: This is the financial official who has the authority to apply for this grant on behalf of the applicant agency (e.g., CFO, Treasurer, etc.). If the grant is awarded, this position would ultimately be responsible for the financial management of the award. Please note that information for non-executive positions (e.g., clerks, trustees, etc.) is not acceptable. This section below has been pre-populated from the information listed in your COPS Agency Portal Account. If this information is no longer correct, please log in to your COPS Agency Portal account and make the necessary corrections before proceeding with this application. For assistance, please call the COPS Office Response Center at 800-421-6770.

Title: Administrator
First Name: Shadi Ml: Last Name: Afshar Suffix:
Agency Name: World Org. for Resource Development and Education
Street1: 19650 CLUB HOUSE ROAD
Street2: SUITE 204
City: MONTGOMERY VILLAGE State: MD Zip / Postal Code: 20886
Telephone Number: 2025951355 Fax: Email:

C. Application Contact Information:

Application Contact: Enter the application contact’s name and contact information.
Title: President
First Name: Hedieh Ml Last Name: Mirahmadi Suffix: Select One...
Agency Name: World Organization for Resource Development and Education
Street1: 19650 Club House Road, Suite 204
Street2:
City: Montgomery Village  State: MD  Zip / Postal Code: 20886
Telephone Number: 20255651355  Fax: 2023182582  Email: (b) (5) 20886
SECTION 6A: LAW ENFORCEMENT & COMMUNITY POLICING STRATEGY

Community Policing Definition Framework

The following is the COPS Office definition of community policing that emphasizes the primary components of community partnerships, organizational transformation, and problem solving. 

Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem solving techniques, to proactively address the immediate conditions that give rise to public safety issues, such as crime, social disorder, and fear of crime.

The COPS Office has completed the development of a comprehensive community policing self-assessment tool for use by law enforcement agencies. Based on this work, we have developed the following list of primary sub-elements of community policing. Please refer to the COPS Office website (http://www.cops.usdoj.gov) for further information regarding these sub-elements.

Community Partnerships:

Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to both develop solutions to problems and increase trust in police.

- Other Government Agencies
- Community Members/Groups
- Non-Profits/Service Providers
- Private Businesses
- Media

Organizational Transformation:

The alignment of organizational management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts.

- Agency Management
  - Climate and culture
  - Leadership
  - Labor relations
  - Decision-making
  - Strategic planning
  - Policies
  - Organizational evaluations
  - Transparency

Organizational Structure:

- Geographic assignment of officers
- Despecialization
- Resources and finances
- Personnel
- Recruitment, hiring and selection
- Personnel supervision/evaluations
- Training
- Information Systems (Technology)
- Communication/access to data
- Quality and accuracy of data

Problem Solving:

The process of engaging in the proactive and systematic examination of identified problems to develop effective responses that are rigorously evaluated.

- Scanning: Identifying and prioritizing problems
- Analysis: Analyzing problems
- Response: Responding to problems
- Assessment: Assessing problem-solving initiatives
Using the Crime Triangle to focus on immediate conditions (Victim/Offender/Location)

CP1) To what extent is there community support in your jurisdiction for implementing the proposed grant activities?
   a) High level of support
   b) Moderate support
   c) Minimal support

CP2) If awarded, to what extent will the grant activities impact the other components of the criminal justice system in your jurisdiction?
   a) Potentially decreased burden
   b) No change in burden
   c) Potentially increased burden
SECTION 7: NEED FOR FEDERAL ASSISTANCE

A. Explanation of Need for Federal Assistance

All applicants are required to explain their inability to address the need for this award without federal assistance. Please do so in the space provided.

To help counter the rise of violent extremism, in August 2011 President Obama signed the National Strategy for Empowering Local Partners to Prevent Violent Extremism in the US, which recognizes the threat of violent extremism as the "preeminent security threat to our country," and acknowledges that "our best defenses against these threats are well informed and equipped families, local communities, and institutions." In response to the President's call for local initiatives, WORDE (the World Organization for Resource Development and Education) in partnership with the Montgomery County Police Department and the Montgomery County Executive's Office of Community has developed the country's first community led CVE program that is widely known as the Montgomery County Model (MCM). This public-private partnership facilitates effective community policing by fostering social cohesion amongst diverse county residents and creating bottom up strategies to promote public safety and reduce violence. The MCM has a core focus on generating public awareness about the risk factors of violent extremism specifically, and empowering the appropriate figures to intervene with vulnerable individuals before they choose a path of violence.

The MCM has been introduced through the Montgomery County Executive's Faith Community Working Group (FCWG), which connects faith communities to law enforcement and county government on a range of issues intended to promote social cohesion and public safety, such as disaster preparedness, responding to mental illness, and educating parents and kids on internet safety. In addition to the educational and trust building focus of the FCGP, WORDE's Crossroads Program is designed as a model for how community based organizations can actually conduct interventions in the field of violent extremism. The program provides culturally competent mentoring and case management to low income immigrants from the Middle East, South Asia, and North East/West Africa who are currently dramatically under-served by existing county programs, and who may be vulnerable to violent extremism. The program is now county-funded and offered free to these vulnerable populations.

The initiative began in response to the Boston marathon bombing in April 2013 and to date has been entirely funded through the existing funds of each partner agency. In order to expand our efforts, measure its effectiveness, and codify the results for replication in other jurisdictions we seek federal funding for this effort. The federal assistance will allow the MCPD to increase their officer hours used for participating in the model and to utilize the expertise of a social worker to assist with the interventions. For WORDE, the funding will allow it dedication the resources necessary to manage the FCGP events and to expand its intervention program, Crossroads. For PERF, the federal funding will provide the resources to do a comprehensive evaluation of the program that includes on-site visits, in depth interviews, and turning the lessons learned into a learning guide for practitioners.

By evaluating the MCM and codifying the lessons learned, this initiative will generate a set of best practices that are national in scope. These best practices will be turned into an instructional guidebook and training materials for practitioners that will embody both new and existing knowledge about promising community-policing strategies for addressing violent extremism. The guides will address such topics as: how to best formulate the partnerships between diverse public and private actors; how to design and implement educational or training seminars that involve multiple partners; educating both law enforcement and the community about the threat of violent extremism; encouraging help-seeking behaviors so that the public will refer at risk individuals, and implementing a community-based CVE program. We are unable to achieve these goals without federal assistance.
SECTION 8: CONTINUATION OF PROJECT AFTER FEDERAL FUNDING ENDS

If you are applying for a COPS grant with a post-grant retention plan requirement, please complete A. If you are applying for a COPS grant without a post-grant retention plan requirement, please complete B.

B. Continuation of Project after Federal Funding Ends (for other COPS grants with no retention plan requirement)

Please complete these questions to indicate any plans you may have to continue this program, project, or activity after the conclusion of federal funding.

1. Does your agency plan to obtain necessary support and continue the program, project, or activity following the conclusion of federal support?
   - Yes
   - No

2. Please identify the source(s) of funding that your agency plans to utilize to continue the program, project, or activity following the conclusion of federal support: (check all that apply)
   - General funds
   - Raise bond/tax issue
   - Private sources/donations
   - Non-federal asset forfeiture funds (subject to approval from the state or local oversight agency)
   - State, local, or other non-federal grant funding
   - Fundraising efforts
   - Other
To help counter the rise of violent extremism, in August 2011 President Obama signed the National Strategy for Empowering Local Partners to Prevent Violent Extremism in the US, which recognizes the threat of violent extremism as the “preeminent security threat to our country,” and acknowledges that “our best defenses against these threats are well informed and equipped families, local communities, and institutions.” In response to the President’s call for local initiatives in Countering Violent Extremism, WORDE (the World Organization for Resource Development and Education) in partnership with the Montgomery County Police Department (MCPD) and the Montgomery County Executive’s Office of Community Partnerships has developed the country’s first community-led CVE program. This public-private partnership, widely known as the “Montgomery County Model” (MCM), facilitates effective community policing by fostering social cohesion amongst diverse county residents and creating bottom-up strategies to promote public safety and reduce violence.

The MCM is implemented through the Montgomery County Executive’s Faith Community Working Group (FCWG), whose numerous programs serve as a multi-faith, multi-stakeholders platform for promoting social cohesion, creating awareness of the precursors of violence, and empowering the community to intervene in the lives of at-risk individuals. Once an individual is identified as being at-risk for violent extremism, he or she can be referred to the MCPD Crisis Intervention Team, which will refer the individual to the community partner best suited to counsel him or her away from the path of violence, or to WORDE’s Crossroads Program. The Crossroads Program provides culturally-competent mentoring and case management to low-income immigrants from the Middle East, South Asia, and NorthEast/West Africa who are currently underserved by existing county programs and who may be at-risk for violent extremism. The program is county-funded and offered free to these vulnerable populations.

The primary objective of the proposed initiative is to expand and enrich the existing programs of the MCM and to use the lessons learned from the MCM to develop standards, best practices, and training programs for other communities seeking to implement a robust, domestic CVE program. To accomplish this objective, WORDE has partnered with the Police Executive Research Forum (PERF) to develop a comprehensive strategy for assessing the MCM and helping other communities replicate the best practices that have emerged from this model. WORDE and PERF will also work closely with MCPD in these efforts. The strategy involves expanding the MCM in Montgomery County, assessing its effectiveness, and developing a guidebook and training module based on the best practices and lessons learned from the model.
SECTION 11: PROJECT DESCRIPTION (NARRATIVE)

Please include in your application an in-depth narrative response detailing your proposed project. Please refer to the COPS program specific Application Guide: “How to Apply” for information on what should be included in your response, as well as any additional formatting requirements and page length limitations. Note: Community Policing Development (CPD), Collaborative Reform Initiative for Technical Assistance (CRfTA), and COPS Anti-Methamphetamine Program (CAMP) grant applicants must submit their entire project description as an attachment in Section 13 of this application.

F. Project Description (Narrative) Attachment:

Community Policing Development (CPD) applicants must submit their entire project description as an attachment.
### SECTION 12: OFFICIAL PARTNER(S) CONTACT INFORMATION

An official "partner" under the grant may be a governmental, private, school district, or other applicable entity that has established a legal, contractual, or other agreement with the applicant for the purpose of supporting and working together for mutual benefits of the grant. Please see the COPS Application Guide for more information on official partners that may be required.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Agency Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas</td>
<td>Manger</td>
<td>Montgomery County Police Department</td>
<td>Edit/Delete</td>
</tr>
<tr>
<td>chuck</td>
<td>waxler</td>
<td>police executive research forum</td>
<td>Edit/Delete</td>
</tr>
<tr>
<td>Bruce</td>
<td>Adams</td>
<td>Montgomery County Executive Office of Community Partnerships</td>
<td>Edit/Delete</td>
</tr>
</tbody>
</table>

**Title:** Chief  
**First Name:** Thomas  
**Middle Name:**  
**Last Name:** Manger  
**Suffix:** Select One...  
**Name of Partner Agency:** (e.g., Smithville High School): Montgomery County Police Department  
**Type of Partner Agency:** (e.g., School District): Police Department  
**Street1:**  
**Street2:** 100 Edison Park Drive  
**City:** Gaithersburg  
**State:** Maryland  
**Zip/ Postal Code:** 20878  
**Telephone Number:** 240-773-5000  
**Fax:**  
**Email:**  

*Important: Please click "Add Partner" to Save before moving to the next section.*

Add Partner  
**Title:** Executive Director  
**First Name:** chuck  
**Middle Name:**  
**Last Name:** waxler  
**Suffix:** Jr.  
**Name of Partner Agency:** (e.g., Smithville High School): police executive research forum  
**Type of Partner Agency:** (e.g., School District): non profit organization  
**Street1:**  
**Street2:** 1120 Connecticut Ave NW, Suite 930  
**City:** Washington  
**State:** District of Columbia  
**Zip/ Postal Code:** 20036  
**Telephone Number:** 202-466-7820  
**Fax:** 202-466-7826  
**Email:**  

*Important: Please click "Add Partner" to Save before moving to the next section.*

Add Partner  
**Title:** Director  
**First Name:** Bruce  
**Middle Name:**  
**Last Name:** Adams  
**Suffix:** Select One...  
**Name of Partner Agency:** (e.g., Smithville High School): Montgomery County Executive Office of Community Partnerships  
**Type of Partner Agency:** (e.g., School District): county government office  
**Street1:**  
**Street2:** 21 Maryland Ave., Suite 330  
**City:** Rockville  
**State:** Maryland  
**Zip/ Postal Code:** 20850  
**Telephone Number:** 240-777-2570  
**Fax:**  
**Email:**  

*Important: Please click "Add Partner" to Save before moving to the next section.*

Add Partner
SECTION 13: APPLICATION ATTACHMENTS

This section should be used to attach any required or applicable attachments to your grant applications (e.g., Memorandum of Understanding, etc.)

If the program for which you are applying requires a Memorandum of Understanding (MOU), this document should define the roles and responsibilities of the individuals and partner(s) involved in your proposed project. Please refer to the program-specific Application Guide to determine if an MOU or other application attachments are required. The Guide will also specify if optional attachments are permitted for submission.

Current Attachments

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<tr>
<th>File Name</th>
<th>Type</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Resume for HM 052514.pdf</td>
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<td>ncuf bazar resume 062314.pdf</td>
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<td>PERF Letter of Support 8.18.14.pdf</td>
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<tr>
<td>COPS Grant Letter of Support OCP (1).pdf</td>
<td>Other</td>
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</tr>
<tr>
<td>COPS Grant Letter of Support MCPD (1).pdf</td>
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</tr>
<tr>
<td>Indirect Cost Rate Agreement 2014.pdf</td>
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<td>COPS Narrative FINAL.pdf</td>
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</tr>
</tbody>
</table>

Choose File: No file selected  [Memorandum of Understanding] [Upload...]

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SECTION 14: BUDGET DETAIL WORKSHEETS

Instructions for Completing the Budget Detail Worksheets

The following Budget Detail Worksheets are designed to allow all COPS grant and cooperative agreement applicants to use the same budget forms to request funding. Allowable and unallowable costs vary widely and depend upon the type of COPS program. The maximum federal funds that can be requested and the federal/local share breakdown requirements also vary.

Please refer to the program-specific Application Guide to determine the allowable/unallowable costs, the maximum amount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying (See http://www.cops.usdoj.gov/Default.asp?Item=46). To assist you, sample Budget Detail Worksheets are included in each Application Guide.

Please complete each section of the Budget Detail Worksheets applicable to the program for which you are applying (See http://www.cops.usdoj.gov/Default.asp?Item=46 for requirements). If you are not requesting anything under a particular budget category, please check the appropriate box in that category indicating that no positions or items are requested.

Final calculations will be rounded to the nearest whole dollar. Once the budget for your proposal has been completed, a budget summary page will reflect the total amounts requested in each category, the total project costs, and the total federal and local shares.

If you need assistance in completing the Budget Detail Worksheets, please call the COPS Office Response Center at 800.421.6770.
B. BASE SALARY AND FRINGE BENEFITS FOR CIVILIAN/NON-SWORN PERSONNEL

Instructions: Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries. Please refer to http://www.cops.usdoj.gov/Default.asp?Item=46 for information about allowable and unallowable fringe benefits for sworn officer positions requested under the program to which your agency is applying.

B. CIVILIAN POSITIONS

A. Base Salary Information

<table>
<thead>
<tr>
<th>Position Title</th>
<th>PERF Project Director/Jessica Toliver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>She will oversee the technical aspects of this project on a daily basis and will coordinate all of PERF's work on this project to ensure the timely achievement of all activities and goals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 1 Salary</th>
<th>Year 2 Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the first year entry-level base salary for this civilian/non-sworn position.</td>
<td>Enter the second year entry-level base salary for this civilian/non-sworn position.</td>
</tr>
<tr>
<td>$129400.00</td>
<td>$133282.00</td>
</tr>
</tbody>
</table>

Please check this box if base salary includes vacation costs.

Please check this box if the base salary includes sick leave costs.

B. Fringe Benefit costs should be calculated for each year of the grant term.

**FRINGE BENEFITS:**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social security expenses cannot exceed 6.2%</td>
<td>$882.51</td>
<td>$988.98</td>
</tr>
<tr>
<td>Medicare expenses cannot exceed 1.45%</td>
<td>$206.39</td>
<td>$212.58</td>
</tr>
<tr>
<td>Health insurance</td>
<td>$1430.52</td>
<td>$1473.43</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Vacation</td>
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<td>Retirement</td>
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<td>Worker's Compensation</td>
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<td>Unemployment Insurance</td>
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<td>Other</td>
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<td>$0</td>
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<tr>
<td>Benefits Sub-Total Per Year (1 Position)</td>
<td>$6564.94</td>
<td>$6700.88</td>
</tr>
</tbody>
</table>

C. Total Salary + Benefits Per Year (1 Position)

| Total | 20738.94 | 21361.10 |

D. Total Salary and Benefits for Years 1 and 2 (1 Position):

| Total | 42100.04 | 42100.04 |

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### A. Base Salary Information

<table>
<thead>
<tr>
<th>Position Title</th>
<th>WORDE Program Director/Hedieh Mirahmad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Overseer stakeholder engagement, identify new partners, maintain coordination among stakeholders, develop program ideas/security speakers, assist with content for manual.</td>
</tr>
</tbody>
</table>

#### Year 1 Salary

Enter the first year entry-level base salary for this civilian/non-sworn position.

| Salary                  | 150000.00 |
|                        | x 10.66%  |
|                        | 15990     |

Please check this box if base salary includes vacation costs.

Please check this box if the base salary includes sick leave costs.

#### Year 2 Salary

Enter the second year entry-level base salary for this civilian/non-sworn position.

| Salary                  | 150000.00 |
|                        | x 10.66%  |
|                        | 15990     |

Please check this box if base salary includes vacation costs.

Please check this box if the base salary includes sick leave costs.

### B. Fringe Benefit costs should be calculated for each year of the grant term.

#### FRINGE BENEFITS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social security expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exempt</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Rate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicare expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exempt</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Rate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life insurance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vacations</td>
<td>Number of Hours Annually: 0</td>
<td>Number of Hours Annually: 0</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>Number of Hours Annually: 0</td>
<td>Number of Hours Annually: 0</td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>Exempt</td>
<td>Exempt</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>Exempt</td>
<td>Exempt</td>
</tr>
<tr>
<td>Other</td>
<td>Select One</td>
<td>Select One</td>
</tr>
<tr>
<td>Other</td>
<td>Select One</td>
<td>Select One</td>
</tr>
<tr>
<td>Other</td>
<td>Select One</td>
<td>Select One</td>
</tr>
</tbody>
</table>

Benefits Sub-Total Per Year (1 Position)

| Benefits Sub-Total Per Year (1 Position) | 0.00                  | 0.00                  |

C. Total Salary + Benefits Per Year (1 Position)

| Total Salary + Benefits Per Year (1 Position) | 15990.00 |

D. Total Salary and Benefits for Years 1 and 2 (1 Position):

| Total Salary and Benefits for Years 1 and 2 (1 Position) | 31980.00 x 1 |

| Total Salary and Benefits for Years 1 and 2 (1 Position) | 31980.00 |

---

PERF Research Assistant/Chris Coghlan

A. Base Salary Information
**Position Title:** PERF Research Assistant/Chris Coghill

**Description:**
Coghill will provide logistical support to the team for carrying out all of the project’s activities.

**Year 1 Salary**
Enter the first year entry-level base salary for this civilian/non-sworn position.

<table>
<thead>
<tr>
<th>Year 1 Salary</th>
<th>Year 2 Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000.00</td>
<td>$42230.00</td>
</tr>
</tbody>
</table>

- $3690 x 0.09 % of time on project
- Please check this box if base salary includes vacation costs.
- Please check this box if the base salary includes sick leave costs.

**Year 2 Salary**
Enter the second year entry-level base salary for this civilian/non-sworn position.

**B. Fringe Benefit costs should be calculated for each year of the grant term.**

<table>
<thead>
<tr>
<th>FRINGE BENEFITS:</th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social security expenses</td>
<td>$228.78</td>
<td>$235.64</td>
</tr>
<tr>
<td>Medicare expenses</td>
<td>$53.51</td>
<td>$55.11</td>
</tr>
<tr>
<td>Health insurance</td>
<td>$370.85</td>
<td>$381.97</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Vacation</td>
<td>$284.13</td>
<td>$292.65</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>$127.31</td>
<td>$131.12</td>
</tr>
<tr>
<td>Retirement</td>
<td>$411.44</td>
<td>$423.78</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$11.07</td>
<td>$11.40</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other</td>
<td>$199.26</td>
<td>$205.24</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Benefits Sub-Total Per Year (1 Position)</td>
<td>$1666.35</td>
<td>$1736.91</td>
</tr>
<tr>
<td>C. Total Salary + Benefits Per Year (1 Position)</td>
<td>$5376.35</td>
<td>$5537.61</td>
</tr>
<tr>
<td>D. Total Salary and Benefits for Years 1 and 2 (1 Position):</td>
<td>$10913.96</td>
<td>$110913.96</td>
</tr>
</tbody>
</table>

**A. Base Salary Information**

**Position Title:** PERF Director of Communications/Craig Fisher

**Description:**
Fischer will be responsible for reviewing

**Year 1 Salary**
Enter the first year entry-level base salary for this civilian/non-sworn position.

**Year 2 Salary**
Enter the second year entry-level base salary for this civilian/non-sworn position.

<table>
<thead>
<tr>
<th>Year 1 Salary</th>
<th>Year 2 Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$141800.00</td>
<td>$146054.00</td>
</tr>
</tbody>
</table>
and editing documents and final reports.

B. Fringe Benefit costs should be calculated for each year of the grant term.

**FRINGE BENEFITS:**

<table>
<thead>
<tr>
<th>Social security expenses cannot exceed 6.2%</th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt</td>
<td>6.2% Fixed Rate</td>
<td>Exempt</td>
</tr>
<tr>
<td>175.83</td>
<td>6.20</td>
<td>543.32</td>
</tr>
<tr>
<td>Medicare expenses cannot exceed 1.45%</td>
<td>Exempt</td>
<td>1.45% Fixed Rate</td>
</tr>
<tr>
<td>41.12</td>
<td>1.45</td>
<td>117.07</td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>285.02</td>
<td>10.05</td>
<td>800.71</td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Sick Leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>316.21</td>
<td>11.15</td>
<td>977.10</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.51</td>
<td>0.30</td>
<td>26.29</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>153.14</td>
<td>5.40</td>
<td>473.21</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

Benefits Sub-Total Per Year (1 Position): 1,296.04

C. Total Salary + Benefits Per Year (1 Position): 4,132.04

D. Total Salary and Benefits for Years 1 and 2 (1 Position): 16,900.08 x \( \frac{1}{1} \) \# of Positions 16,900.08

PERF Research Associate/Elizabeth Miller

A. Base Salary Information

**Position Title:** PERF Research Associate/Elizabeth Miller

**Description:** Oversee stakeholder engagement, identify new partners, maintain coordination among stakeholders, develop program ideas/secure speakers, assist with content for manual.

**Year 1 Salary**

- Enter the first year entry-level base salary for this civilian/non-sworn position: 56,500.00
- X 0.00 \% of time on project 0.00
- Please check this box if base salary includes vacation costs.
- Please check this box if the base salary includes sick leave costs.

**Year 2 Salary**

- Enter the second year entry-level base salary for this civilian/non-sworn position: 58,195.00
- X 0.00 \% of time on project 0.00
- Please check this box if base salary includes vacation costs.
- Please check this box if the base salary includes sick leave costs.
B. Fringe Benefit costs should be calculated for each year of the grant term.

**FRINGE BENEFITS:**

<table>
<thead>
<tr>
<th></th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COST</td>
<td>% OF BASE</td>
</tr>
<tr>
<td>Social security</td>
<td>£525.45</td>
<td>6.20</td>
</tr>
<tr>
<td>(cannot exceed 6.2%)</td>
<td>Fixed Rate</td>
<td></td>
</tr>
<tr>
<td>Medicare expenses</td>
<td>£122.89</td>
<td>1.45</td>
</tr>
<tr>
<td>(cannot exceed 1.45%)</td>
<td>Fixed Rate</td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td>£851.74</td>
<td>10.05</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Vacation</td>
<td>652.58</td>
<td>7.70</td>
</tr>
<tr>
<td>Number of Hours Annually:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Sick Leave</td>
<td>292.39</td>
<td>3.45</td>
</tr>
<tr>
<td>Number of Hours Annually:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>£944.96</td>
<td>11.15</td>
</tr>
<tr>
<td>Exempt</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>£25.43</td>
<td>0.30</td>
</tr>
<tr>
<td>Exempt</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>£457.65</td>
<td>5.40</td>
</tr>
<tr>
<td>Other Select One</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Select One</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Benefits Sub-Total Per Year (1 Position)</td>
<td>3873.09</td>
<td></td>
</tr>
<tr>
<td>C. Total Salary + Benefits Per Year (1 Position)</td>
<td>12343.09</td>
<td></td>
</tr>
<tr>
<td>D. Total Salary and Benefits for Years 1 and 2 (1 Position):</td>
<td>25066.60</td>
<td>X 1 # of Positions</td>
</tr>
</tbody>
</table>

**A. Base Salary Information**

**Position Title:** WORDE Licensed Social Worker/Professional Counselor

**Description:**
Provide evaluations and create individualized care plan for clients that include counseling, goal-oriented mentoring and referrals for social services. Assist with program design.

**Year 1 Salary**

- Enter the first year entry-level base salary for this civilian/non-sworn position.
- £70000.00
- £41.86 % of time on project
- 29302
- Please check this box if base salary includes vacation costs.
- Please check this box if base salary includes sick leave costs.

**Year 2 Salary**

- Enter the second year entry-level base salary for this civilian/non-sworn position.
- £70000.00
- £41.86 % of time on project
- 29302
- Please check this box if base salary includes vacation costs.
- Please check this box if base salary includes sick leave costs.
### Social Security Expenses
- **Exempt**
- **6.2%**
- **Fixed Rate**
  - **Cannot exceed 6.2%**

### Medicare Expenses
- **Exempt**
- **1.45%**
- **Fixed Rate**
  - **Cannot exceed 1.45%**

### Health Insurance
- **Exempt**
- **Unemployment Insurance**
- **Exempt**
- **Other Benefits**
  - **Fringe Benefits should be calculated for each year of the grant term.**

### Benefits Sub-Total Per Year
- **Position**
  - **Number of Positions**
  - **Benefits Sub-Total Percent**
  - **Benefits Sub-Total Per Year**

### Total Salary and Benefits for Years 1 and 2
- **Position**
  - **Year 1 Total Salary and Benefits**
  - **Year 2 Total Salary and Benefits**

---

**A. Base Salary Information**

- **Position Title**: WORDE Senior Fellow Fatima Durani
- **Description**: Ms Durani will coordinate stakeholder meetings, plan events, design surveys, and research content for project manual in collaboration with PERF.

**B. Fringe Benefit costs**

<table>
<thead>
<tr>
<th>Fringe Benefits</th>
<th>Year 1 Fringe Benefits</th>
<th>Year 2 Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social security expenses</td>
<td><strong>Exempt</strong></td>
<td><strong>Exempt</strong></td>
</tr>
<tr>
<td>Medicare expenses</td>
<td><strong>Exempt</strong></td>
<td><strong>Exempt</strong></td>
</tr>
<tr>
<td>Health insurance</td>
<td><strong>Exempt</strong></td>
<td><strong>Unemployment Insurance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Exempt</strong></td>
<td><strong>Exempt</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Unemployment Insurance</strong></td>
<td><strong>Exempt</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Other Benefits</strong></td>
<td><strong>Other Benefits</strong></td>
</tr>
</tbody>
</table>

---

**FRINGE BENEFITS:**

- **Social security expenses**
  - **Exempt**
  - **6.2%**
  - **Fixed Rate**
    - **Cannot exceed 6.2%**

- **Medicare expenses**
  - **Exempt**
  - **1.45%**
  - **Fixed Rate**
    - **Cannot exceed 1.45%**

---

**Page 22 of 39**
<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Hours Annually</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Insurance</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Vacation</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Retirement</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Worker's Compensation Exempt</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Unemployment Insurance Exempt</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Benefits Sub-Total Per Year (1 Position):**

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**C. Total Salary + Benefits Per Year (1 Position):**

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21000.00</td>
<td>21000.00</td>
</tr>
</tbody>
</table>

**D. Total Salary and Benefits for Years 1 and 2 (1 Position):**

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>42000.00</td>
<td>42000.00</td>
</tr>
</tbody>
</table>
### C. EQUIPMENT/TECHNOLOGY

- **No Equipment/Technology Requested**

**Instructions**: List non-expendable items that are to be purchased. Provide a specific description for each item in the description boxes below and explain how the item supports the project goals and objectives as outlined in your application. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See [http://www.cops.usdoj.gov/Default.asp?Item=48](http://www.cops.usdoj.gov/Default.asp?Item=48) for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. Please limit your descriptions to 1000 characters.

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Cost</th>
<th>Qty</th>
<th>Sub Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERF Laptop</td>
<td>1229.50</td>
<td>1</td>
<td>1229.50</td>
<td>It will be utilized by PERF staff during site visits and on general project tasks.</td>
</tr>
</tbody>
</table>

**Total**: 1229.50

Add Item
D. SUPPLIES

Γ No Supplies Requested

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc.). Provide a specific description for each item in the description boxes below and explain how it supports the project goals and objectives outlined in your application. Generally, supplies include any materials that are expendable or consumed during the course of the project, costing less than $5,000. See http://www.cops.usdoj.gov/Default.asp?item=46 for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. Please limit your descriptions to 1000 characters.

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Cost</th>
<th>Qty</th>
<th>Sub Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERF General</td>
<td></td>
<td></td>
<td></td>
<td>PERF's cost of basic office supplies</td>
</tr>
<tr>
<td>Project Supplies</td>
<td>35.00</td>
<td>24</td>
<td>840.00</td>
<td>(pens, paper, printer ink, etc.)</td>
</tr>
</tbody>
</table>

Total: $840.00
E. TRAVEL/TRAINING

Instructions: Itemize grant-related travel expenses of grantee personnel (excluding consultants, whose expenses are listed in Section F) by event (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Identify the location of travel whenever possible, and show the number of staff expected to attend each event. Training fees, transportation, lodging and per diem rates for trainees should be listed as separate travel items. Grantee travel costs specific to the grant project may be based on the grantee's written travel policy, assuming the costs are reasonable. Grantees without a written travel policy must follow the established federal rates (found at http://www.cops.usdoj.gov/Default.asp?Item=45) for lodging, meals, and per diem. For all grantees (with or without a written travel policy), airfare travel costs must be one of the following: the lowest discount commercial airfare, standard coach airfare, or the Federal Government contract airfare (if authorized and available).

See http://www.cops.usdoj.gov/Default.asp?Item=46 for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. Provide a specific description in the description boxes below for each item and explain how the item supports the project goals and objectives as outlined in your application. Please limit your descriptions to 1000 characters.
F. CONTRACTS/CONSULTANTS

F □ No Contract Costs Requested

Instructions: See the Program-specific Application Guide for a list of allowable/unallowable costs for the particular program to which you are applying. Provide a specific description in the description boxes below for each item and explain how the item supports the project goals and objectives as outlined in your application. Please limit your descriptions to 1000 characters.

Contracts: Provide a cost estimate for the product or service to be procured by contract. Applicants are encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source procurements of equipment, technology, or services in excess of $100,000 must be submitted to the COPS Office for prior approval. (See http://www.cops.usdoj.gov/Default.aspx?Item=45 for more information on the required submission.)

**F1. Contract Costs**

<table>
<thead>
<tr>
<th>Name</th>
<th>Cost</th>
<th>Qty</th>
<th>Sub Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORDE - Program Director/Trauma Informed Caseworker - Nof Bazzaz</td>
<td></td>
<td></td>
<td></td>
<td>Provides the range of services to clients and measuring their progress in decreasing risk factors of violent extremism. Services include mentoring, employment assistance, food, referral, healthcare, education advocacy, community service activities, access to county Social Services, Individualized care and Group Sessions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>WORDE - Translation Services (as needed)</td>
<td></td>
<td></td>
<td></td>
<td>Provide translation services for Crossroads clients who do not speak English.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>WORDE - Bookkeeper - Taha Seid</td>
<td></td>
<td></td>
<td></td>
<td>Generate invoices, process payroll and timesheets for grantor based on verified data from contractors and employees. Assist auditor with compliance issues.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>WORDE - Auditor</td>
<td></td>
<td></td>
<td></td>
<td>Assures that both primary and sub grantees are in compliance with federal grant regulations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

Page 27 of 39
MCPD Licensed Social Worker

Base cost 28.75 4000 115000.00

Delete

Total: 1152100.00

mental health is a factor, and if needed, make the necessary referrals to the appropriate resource (crisis center, private providers, Crossroads, or faith based services).

Add Item

If No Consultant Fees Requested

Instructions: See http://www.cops.usdoj.gov/Default.asp?Item=46 for a list of allowable/unallowable costs for the particular program to which you are applying. Provide a specific description in the description boxes below for each item and explain how the item supports the project goals and objectives as outlined in your application. Please limit your descriptions to 1000 characters.

Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of $550 per day require additional written justification and must be pre-approved in writing by the COPS Office if the consultant is hired via a noncompetitive bidding process.

F2. Consultant Fees

<table>
<thead>
<tr>
<th>Name</th>
<th>Cost</th>
<th>Qty</th>
<th>Sub Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base cost</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
<td>Delete</td>
</tr>
</tbody>
</table>

Total: 0.00

Add Item

If No Consultant Travel Requested

Instructions: See http://www.cops.usdoj.gov/Default.asp?Item=46 for a list of allowable/unallowable costs for the particular program to which you are applying. Provide a specific description in the description boxes below for each item and explain how the item supports the project goals and objectives as outlined in your application. Please limit your descriptions to 1000 characters.

List all travel-related expenses to be paid from the grant to the individual consultants (e.g., transportation, meals, lodging) separate from their consultant fees.

F2. No Consultant Expenses Requested

Instructions: See http://www.cops.usdoj.gov/Default.asp?Item=46 for a list of allowable/unallowable costs for the particular program to which you are applying. Provide a specific description in the description boxes below for each item and explain how the item supports the project goals and objectives as outlined in your application. Please limit your descriptions to 1000 characters.

Consultant Expenses: List all travel-related expenses to be paid from the grant to the individual consultants separate from their consultant fees and travel expenses (e.g., computer equipment and office supplies).
### G. OTHER COSTS

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. Provide a specific description for each item in the description boxes below and explain how the item supports the project goals and objectives as outlined in your application.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See [http://www.cops.usdoj.gov/Default.asp?Item=45](http://www.cops.usdoj.gov/Default.asp?Item=45) for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category.

Please limit your descriptions to 1000 characters.

<table>
<thead>
<tr>
<th>Name</th>
<th>Cost</th>
<th>Qty</th>
<th>Sub Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCPD - Overtime Hours for Personnel</strong></td>
<td><strong>54.18</strong></td>
<td>1200</td>
<td><strong>64992.00</strong></td>
<td>The MCPD will coordinate referrals and interventions specifically to combat violent extremism (CVE). The Crisis Intervention Team (CIT) Unit will be responsible for coordinating the multi-agency response to CVE cases reported by the public or any other county agency. Referrals could come from schools, religious organizations/activities or other government agencies. Once information is received by the Police, the CIT will begin the investigation using all available resources.</td>
</tr>
<tr>
<td><strong>PERF webinar license for each month</strong></td>
<td><strong>70.00</strong></td>
<td>24</td>
<td><strong>1680.00</strong></td>
<td>This is for the license/software to host webinars.</td>
</tr>
<tr>
<td><strong>PERF copying costs each month</strong></td>
<td><strong>20.00</strong></td>
<td>24</td>
<td><strong>480.00</strong></td>
<td>This is budgeted for copying needs of the project</td>
</tr>
<tr>
<td><strong>PERF Telephone and Internet Access</strong></td>
<td><strong>60.00</strong></td>
<td>24</td>
<td><strong>1440.00</strong></td>
<td>Estimated monthly costs for telephone and internet service allocated to this project</td>
</tr>
</tbody>
</table>
PERF postage and deliver

Add Item

Base cost: 24

224.16

This is estimated charges per month for postage

Total: 58816.16
H. INDIRECT COSTS

Instructions: Indirect costs are allowed under a very limited number of specialized COPS programs. Please see http://www.cops.usdoj.gov/Default.asp?Item=46 for a list of allowable/unallowable costs for the particular program to which you are applying.

If indirect costs are requested, a copy of the agency’s fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

If your organization is requesting indirect costs for this project, please include a copy of your current, signed federally approved indirect Cost Rate Negotiated Agreement. If the applicant does not have an approved rate, a rate can be requested by contacting the applicant’s cognizant federal agency, which will review all documentation and approve a rate for the applicant organization. Please limit your description to 1000 characters.

<table>
<thead>
<tr>
<th>Indirect Cost Description</th>
<th>Budget Base Total ($)</th>
<th>Indirect Rate (%)</th>
<th>Approved Indirect Cost</th>
<th>Description (Explain how this item supports the project goals and objectives)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERF Indirect Cost Agreement</td>
<td>100074.30</td>
<td>48.70</td>
<td>49125.78</td>
<td>Subject a Department of Justice Fixed Rate agreement</td>
</tr>
</tbody>
</table>

Total: 49125.78
S. BUDGET SUMMARY

Instructions: Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, please return to the Budget Detail Worksheet.

Section

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Category Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sworn Officer Positions</td>
<td>$0.00</td>
</tr>
<tr>
<td>B. Civilian / Non-Sworn Officer Positions</td>
<td>$227564.55</td>
</tr>
<tr>
<td>C. Equipment &amp; Technology</td>
<td>$1220.50</td>
</tr>
<tr>
<td>D. Supplies</td>
<td>$640.00</td>
</tr>
<tr>
<td>E. Travel &amp; Training</td>
<td>$0.00</td>
</tr>
<tr>
<td>F. Contracts &amp; Consultants</td>
<td>$152100.00</td>
</tr>
<tr>
<td>G. Other Costs</td>
<td>$68816.16</td>
</tr>
<tr>
<td>H. Indirect Costs</td>
<td>$49125.78</td>
</tr>
<tr>
<td><strong>Total Project Amount:</strong></td>
<td><strong>$4999676.12</strong></td>
</tr>
<tr>
<td><strong>Total Federal Share Amount:</strong></td>
<td><strong>$4999676.12 100.000000%</strong> (Total Project Amount X Federal Share Percentage Allowable)</td>
</tr>
<tr>
<td><strong>Total Local Share Amount (if applicable):</strong></td>
<td><strong>$0.00 0.000000%</strong> (Total Project Amount - Total Federal Share Amount)</td>
</tr>
</tbody>
</table>

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

First Name: Shadi
Last Name: Afshar
Title: Administrator
Telephone Number: 2025951355
Fax: 2023182582
Email Address: 

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SECTION 15A: ASSURANCES

Several provisions of federal law and policy apply to all grant programs. The Office of Community Oriented Policing Services needs to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at 800-421-6770.

By signing this form, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, this applicant assures us that:

1. It has not been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.

2. It will comply with the provisions of federal law which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.

3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.

4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.

5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.

6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to the requirements of 28 CFR Part 66 and 28 CFR Part 70 (governing administrative requirements for grants and cooperative agreements); 2 CFR Part 205 (OMB Circular A-87); 2 CFR Part 230 (OMB Circular A-123) and 48 CFR Part 31,000, et seq. (FAR 31) (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1966 as amended; 28 CFR Part 38.1, the applicable COPS Application Guidelines; the applicable COPS Grant Owner's Manuals, and with all other applicable program requirements, laws, orders, regulations, or circulars.

7. It will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.

8. It will not (and will require any subgrantees, contractors, successors, transferees, and assignees not to), on the grounds of race, color, religion, national origin, sex, disability, or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Omnibus Crime Control and Safe Streets Act of 1965, as amended (42 U.S.C. § 3789d); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); the Age Discrimination in Employment Act of 1967 (29 U.S.C. § 6101, et seq.); Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681 et seq.); and the corresponding DOJ regulations implementing those statutes at 28 C.F.R. part 42 (subparts C, D, E, G, and H). It will also comply with Executive Order 13279 Equal Treatment for Faith-Based Organizations and its implementing regulations at 28 C.F.R. Part 38, which requires equal treatment of religious organizations in the funding process and nondiscrimination of beneficiaries by Faith-Based Organizations on the basis of belief or non-belief.

A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs, 810 7th Street, N.W., Washington, D.C. 20531.

8. If your organization has received an award for $500,000 or more and has 50 or more employees, then it has to prepare an Equal Employment Opportunity Plan (EEOP) and submit it to the Office for Civil Rights (OCR), Office of Justice Programs, 810 7th Street, N.W., Washington, D.C. 20531, for review within 60 days of the notification of the award. If your organization received an award between $25,000 and $500,000 and has 50 or more employees, your organization still has to prepare an EEOP, but it does not have to submit the EEOP to OCR for review. Instead, your organization has to maintain the EEOP on file and make it available for review on request. In addition, your organization has to complete Section B of the Certification Form and return it to OCR. If your organization received an award for less than $25,000, or if your organization has less than 50 employees, regardless of the amount of the award, or if your organization is a medical institution, educational institution, nonprofit organization or Indian tribe, then your organization is exempt from the EEOP requirement. However, your organization must complete Section A of the Certification Form and return it to OCR.

9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.

10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.

11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made that application available for review by the state Single Point of Contact.

12. It will submit all surveys, interview protocols, and other information collected to the COPS Office for submission to the Office of Management and Budget for clearance under the Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Protection requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.
14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.

16. If the awarded grant contains a retention requirement, it will retain the increased officer staffing level and/or the increased officer redeployment level, as applicable, with state or local funds for a minimum of 12 months following expiration of the grant period.

17. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-lobby Act, 18 U.S.C. 1913.

18. In the event that a portion of grant reimbursements are seized to pay off delinquent federal debts through the Treasury Offset Program or other debt collection process, it agrees to increase the non-federal share (or, if the awarded grant does not contain a cost sharing requirement, contribute a non-federal share) equal to the amount seized in order to fully implement the grant project.

19. None of the funds made available under this award may be distributed to the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Signature of Law Enforcement Executive/Agency Executive (For your electronic signature, please type in your name) Hedieh Mirahmadi

Hedieh Mirahmadi

Date: 06/23/2014

Signature of Government Executive/Financial Official (For your electronic signature, please type in your name) Shadi Afshar

Shadi Afshar

Date: 06/23/2014
SECTION 15B: CERTIFICATIONS

Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Federal Taxes and Assessments; Drug-Free Workplace Requirements; and Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, 'New Restrictions on Lobbying;' 2 CFR Part 2687, 'Nonprocurement Debarment and Suspension,' Public Law 111-117 or the most recent applicable appropriations Act, 28 CFR Part 83, 'Government-Wide Requirements for Drug-Free Workplace (Grants),' and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over $100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions, and

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

Pursuant to Executive Order 12549, Debarment and Suspension, as implemented at 2 CFR Part 2687, for prospective participants in primary covered transactions, as defined at 2 CFR Part 2687.20(a), and other requirements, 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 a felony criminal violation under any Federal law, or been convicted 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) or private agreement or transaction: violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;

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 (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.

3. Federal Taxes and Assessments

A. If applicable, an applicant who receives an award in excess of $5,000,000 certifies that, to the best of its knowledge and belief, the applicant has filed all federal tax returns required during the three years preceding the certification, has not been convicted of a criminal offense under the Internal Revenue Code of 1986, and has not, more than 90 days prior to certification, been notified of any unpaid federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

B. The applicant certifies that it does not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

4. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantee/recipient, as defined at 28 CFR Part 83.660 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -

(a) The dangers of drug abuse in the workplace;

(b) The grantee's policy of maintaining a drug-free workplace;
(c) Any available drug counseling, rehabilitation and employee assistance programs, and
(d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;

(iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);

(iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -

(a) Abide by the terms of the statement, and

(b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 145 N St, NE, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant;

(vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -

(a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;

(vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v), and (vi).

Grantee Agency Name and Address:
B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:
Place of performance (street address, city, county, state, zip code)

19650 Club House Road, Suite 204 Montgomery Village MD 20886

Check if there are workplaces on file that are not identified here.

F

5. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

F Where the applicant is unable to certify to any of the statements in this Certifications form, he or she shall attach an explanation to this application regarding the particular statement that cannot be certified. Please check the box if an explanation is attached to this application. Please note that the applicant is still required to sign the Certifications form to certify to all the other applicable statements.

Grantee Agency Name and Address:

World Organization for Resource Development and Education
19650 Club House Road, Suite 204, Montgomery Village MD 20886

Grantee IRS/ Vendor Number:
431973721

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Signature of Law Enforcement Executive/Agency Executive (For your electronic signature, please type in your name) Hedieh Mirahmadi

Hedieh Mirahmadi

Date:
06/23/2014
Signature of Government Executive/Financial Official [For your electronic signature, please type in your name] Shadi Afshar

Shadi Afshar

Date:

06/23/2014
SECTION 16: DISCLOSURE OF LOBBYING ACTIVITIES

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subawardee recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFPD E-90-004."  

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered Federal action.

(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form. Print his/her name, title and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Disclosure of Lobbying Activities

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

Not applicable
SECTION 17: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

1) Federal Civil Rights and Grant Reviews:
Please be advised that an application may not be funded and, if awarded, a hold may be placed on the award if it is deemed that the applicant is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a Department of Justice grant review or audit.

2) Certification of Review of 28 C.F.R. Part 23/Criminal Intelligence Systems:
Please review the COPS Application Guide: Legal Requirements Section for additional information.

Please check one of the following, as applicable to your agency’s intended use of this grant:

☐ No, my agency will not use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system.
☐ Yes, my agency will use these COPS grant funds (if awarded) to operate an interjurisdictional criminal intelligence system. By signing below, we assure that our agency will comply with the requirements of 28 C.F.R. Part 23.

3) Certification of Review and Representation of Compliance with Requirements:
The signatures of the Law Enforcement Executive/Agency Executive, Government Executive/Financial Official, and the Person Submitting this Application on the Reviews and Certifications represent to the COPS Office that:

a) the signatories have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity;

b) the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide, the COPS Grant Owner’s Manual, Assurances, Certifications and all other applicable program regulations, laws, orders, and circulars;

c) the applicant understands that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government; AND

d) the information provided in this application, including any amendments, shall be treated as material representations of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant;

e) the applicant understands that as a general rule COPS funding may not be used for the same item or service funded through another funding source.

The signatures of the Law Enforcement Executive/Agency Executive and the Government Executive/Financial Official on this application must be the same as those identified in Section 4 of this application. Applications with missing, incomplete, or inaccurate signatories or responses may not be considered for funding.

Signature of Law Enforcement Executive/Agency Executive (For your electronic signature, please type in your name) Hedieh Mirahmadi

[Signature]

Date: 06/23/2014

Signature of Government Executive/Financial Official (For your electronic signature, please type in your name) Shadi Afshar

[Signature]

Date: 06/23/2014

Signature of Person Submitting This Application (For your electronic signature, please type in your name)

[Signature]

Date: 06/23/2014

By clicking this box, the applicant understands that the use of typed names in this grant application and the required grant forms, including the Assurances and Certifications, constitute electronic signatures and that the electronic signatures are the legal equivalent of handwritten signatures.