| APPLICATIO | ON FOR | | 2. DATE SUBMIT | TED 05/14/200 | 9 | APPLIC | CATION IDENTIFIER | |
|-----------------------------|--|-----------|--|---|---|--------------------|--|--|
| 1.TYPE OF SUBM | IISSION | | 3. DATE RECEIVI | *********************** | | STATE | APPLICATION IDENTIFIER | |
| Application Non-C | onstruction | | | | | | | |
| | | | 4. DATE RECEIVED BY FEDERAL AGEN | | L AGENCY | FEDERAL IDENTIFIER | | |
| 5. APPLICANT IN | FORMATION | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | 1. Annual 1. Ann | |
| Legal Name | Andread I I I I I make I I I make to A I I make to A I I make I I I I I I I I I I I I I I I I I I I | | | Organizational | Unit | | | |
| City of Pigeon Fo | orge | | | Pigeon Forge | Police Depart | ment | | |
| Address (city, state, | and zip code) | | | Name and telep this application | | of the pers | on to be contacted on matters involving | |
| P.O. Box 1350 | | | | | | | | |
| Pigeon Forge, Tenno | essee | | | Jack Baldwir | | | | |
| 37868-1350 | | | | (865) 453-90 | 03 | | | |
| | ENTIFICATION NUM | ABER (E | IN) | 7. TYPE OF A | PPLICANT | | | |
| 62-0677423 | ., | | | Municipal | | | | |
| 8, TYPE OF APPLI | CATION | | | 9. NAME OF I | FEDERAL AG | ENCY | | |
| New | e persona para par como constituir que por constituir que persona par persona par persona constituir que perso | | | Bureau of Ju | stice Assistane | e | | |
| 10. CATALOG OF | FEDERAL DOMESTI | C ASSI | STANCE | 11. DESCRIPT | IVE TITLE OF | FAPPLIC | ANT'S PROJECT | |
| Number: 16,80- | | | | The Pigeon For | ge Police Depa | artment is | looking to increase our capability to deal | |
| CFDA Title: 16.80- Local | 4 - Recovery Act - Just ities | ice Assi | stance Grants - | with stolen vehicles. This grant would allow the deployment of an Automatic License Plate Reader. This equipment would help in the detection of stolen vehicle | | | | |
| 12. AREAS AFFEC | TED BY PROJECT | | | | | | | |
| City of Pigeon Fo | orge, Sevier County, St | ate of To | ennessse | | | | | |
| 13. PROPOSED PR | OJECT | 14. | CONGRESSIONAL I | DISTRICT(S) O | F | | Parket de samilier de la collection de ministration de la lateral de lateral de la lateral de lat | |
| Start Date: | Ending Date: | а. Ар | plicant | | b. Project | | | |
| 07/01/2009 | 06/30/2010 | TN |)] | | TN01 | | | |
| | | | | | | | | |
| 15. ESTIMATED F | UNDING | | | 16 IS APPI | CATION SUI | SIECT TO | REVIEW BY STATE | |
| a. Federal | \$25,151 | ,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | E ORDER 123 | | | |
| b. Applicant | \$1,399 | | | ***** | | | | |
| c. State | \$0 | | | Program is not covered by E.O. 12372 | | | | |
| d. Local | \$0 | | A control of the state of the s | | | | | |
| e, Other | \$0 | | | | | | | |
| f. Program Income | | | | 17. IS THE | APPLICANT | DELINOL | JENT ON ANY FEDERAL DEBT? | |
| g. Total | \$26,550 | | | N | | | | |
| g. rotar | \$20,330 | | | • | | | | |
| CORRECT, THE | | EEN DU | LY AUTHORIZED E | BY THE GOVER | NING BODY | OF THE | CATION ARE TRUE AND APPLICANT AND THE ED. | |
| a. Typed Name of A | Authorized Representat | ive | b. Title | | | | c. Telephone number | |
| Earlene Teaster | | | City Manager | | | | (865) 453-9061 | |
| d. Signature of Aut | horized Representative | : | | | | | e. Date Signed | |

Previous Editions Not Usable

Standard Form 424 (Rev 4-88) Prescribed by OMB Circular A-102

Abstract

Applicant:

City of Pigeon Forge (Pigeon Forge Police Department)

Project Title:

Project Vehicle Locate

Project Goals:

1. Increase the number of stolen vehicles recovered

2. Increase the number of missing persons located

Strategies:

The deployment of an Automatic License Plate Reader (ALPR) will allow a single officer to review a greater number of plates. The reader should be deployed approximately 10 to 20 hours per day during high traffic times. This should result in an increased number of recovered vehicles

and located people.

Major Deliverables:

Automatic License Plate Reader and Back Office Software.

Coordination Plans:

After grant approval, I will obtain authorization from the Pigeon Forge City Council to place the order for the equipment. Upon arrival of the equipment, installation will be immediate followed by training for the officers assigned to ALPR. After training is completed, the officers will

begin Project Vehicle Locate.

Pigeon Forge Police

Budget/Project Narrative

The City of Pigeon Forge funds a police department of fifty-four (sworn) officers which provide services to approximately 10 million visitors per year. The City hosts many "car shows" during the year which bring a substantial portion of the 10 million visitors. One of the major problems is vehicle theft. The Pigeon Forge Police Department is seeking this grant to enable the deployment of Automatic License Plate Recognition software and hardware.

This equipment would allow the scanning of many more license plates than all the officers could accomplish alone. This could easily result in the operating officer locating a number of stolen vehicles, missing persons (that were listed with a vehicle), and suspects (BOLOs). The following is a list of the cost:

| 1. | Automatic License Plate Recognition Softw (Includes All engineering and training on si | | \$13,800.00 |
|----|---|-------|-------------|
| 2. | Camera Kit (Includes all hardware) | | \$12,750.00 |
| | | Total | \$26,550.00 |

This equipment would be procured through the State Wide Contract 420 which has been negotiated by the State of Tennessee. The police department would petition City Council to authorize the expenditure according to the Statewide Contract 420 (Cost listed above). After the expenditure is approved, an order would be placed for the equipment. Once the equipment is in place and training completed, payment would be made from funds allocated.

Review Narrative

On 05/11/2009 the Assist City Manager (Grant Coordinator) was notified of this grant opportunity. He granted permission to continue with the application and notification to the Pigeon Forge City Council was conducted by Chief Jack H. Baldwin. During the presentation to the City Council, the public was invited to make comments and suggestions. There were no comments or suggestions offered.

Shane Rector

From:

Eric Brackins [ebrackins@cityofpigeonforge.com]

Sent:

Monday, May 11, 2009 10:47 AM

To: Subject: 'Shane Rector' RE: Grant

Shane,

Proceed with the application. Sounds like a good opportunity.

Thanks

Eric Brackins
City of Pigeon Forge
Assistant City Manager
Phone 865-429-7323

From: Shane Rector [mailto:srector@cityofpigeonforge.com]

Sent: Monday, May 11, 2009 10:15 AM To: ebrackins@cityofpigeonforge.com Cc: jbaldwin@cityofpigeonforge.com

Subject: Grant

Eric,

The Edward Byrne Grants (local) is due this week. I have the final cost of the program that we wish to implement. The program would to purchase an Automatic License Plate Reader. The cost would be \$26,550.00. This would cover the office software with one year maintenance, installation/training and one camera. The grant should pay \$25,151.00 which would leave \$1399.00 for local funding. I need your approval to begin the application process. I need to complete this application no later than Thursday the 15th.

Thanks for your time.

Sgt. Shane Rector Pigeon Forge Police Voice: 865-453-9063 Fax: 865-429-7409

srector@cityofpigeonforge.com

Budget Detail Worksheet

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

A. Personnel - List each position by title and name of employee, if available. Show the annual

| Name/Position | Computation | Cos |
|--|--|--|
| Postition 1, each postition entry limited to one line | | |
| Position 2 | | |
| Postition 3 | | |
| Postition 4 | | |
| Postition 5 | | |
| | | |
| Postition 6 | | ······································ |
| B. Fringe Benefits - Fringe benefits she formula. Fringe benefits are for the persor percentage of time devoted to the project. | nnel listed in budget category (A) Fringe benefits on overtime hour | and only for the |
| B. Fringe Benefits - Fringe benefits sh formula. Fringe benefits are for the persor percentage of time devoted to the project. Workman's Compensation, and Unemploy | nnel listed in budget category (A) Fringe benefits on overtime hour ment Compensation. | osts or an established and only for the s are limited to FICA, |
| B. Fringe Benefits - Fringe benefits she formula. Fringe benefits are for the persor percentage of time devoted to the project. Workman's Compensation, and Unemploy Name/Position | nnel listed in budget category (A) Fringe benefits on overtime hour | osts or an established and only for the |
| B. Fringe Benefits - Fringe benefits sh formula. Fringe benefits are for the persor percentage of time devoted to the project. Workman's Compensation, and Unemploy | nnel listed in budget category (A) Fringe benefits on overtime hour ment Compensation. | osts or an established and only for the s are limited to FICA, |
| B. Fringe Benefits - Fringe benefits sh formula. Fringe benefits are for the persor percentage of time devoted to the project. Workman's Compensation, and Unemploy Name/Position | nnel listed in budget category (A) Fringe benefits on overtime hour ment Compensation. | osts or an established and only for the s are limited to FICA, |
| B. Fringe Benefits - Fringe benefits she formula. Fringe benefits are for the persor percentage of time devoted to the project. Workman's Compensation, and Unemploy Name/Position Fringe benefit 1, each benefit entry is limited to one line Fringe benefit 2 | nnel listed in budget category (A) Fringe benefits on overtime hour ment Compensation. | osts or an established and only for the s are limited to FICA, |

OJP FORM 7150/1 (5-95)

| C. Travel - Itemize to | ravel expenses of pr | oject personnel | by purpose (e.g., staff to traini | ng, field |
|-------------------------------------|---------------------------------------|--------------------|---|----------------|
| | • | | of computation (e.g., six people | • |
| <u></u> | | | ning projects, travel and meals | |
| • | - | | nd the unit costs involved. Ider | • |
| | own. Indicate sourc | e of Travel Police | cies applied, Applicant or Fede | ral Travel |
| Regulations. | | | | |
| Purpose of Travel | Location | Item | Computation | Cost |
| Travel entry 1, two lines per entry | | | | |
| Travel entry 2 |] | | | |
| | | | | |
| Travel entry 3 | | | | |
| Travel entry 4 | | | | |
| Traver entry 4 | | | | |
| Travel entry 5 | | | | |
| Travel entry 6 | | <u> </u> | | |
| Haver entry 0 | | | | <u> </u> |
| Travel entry 7 | | | | : |
| | · · · · · · · · · · · · · · · · · · · | | | \$0.00 |
| | | | TOTAI | 4 |
| | | | | |
| <u> </u> | - | | pe purchased. Non-expendable | |
| | • | - | years and an acquisition cost of olicy may be used for items cos | • |
| • ' | | • | e "supplies" category or in the | |
| | | | urchasing versus leasing equipm | |
| 0 - 11 | • | | advances. Rented or leased equ | · • |
| | | | w the equipment is necessary for | or the success |
| of the project. Attach a | narrative describing | g the procureme | ent method to be used. | |
| Item | | Computation | l . | Cost |
| Equipment entry 1, one line pe | er entry | | | |
| eqiupment entry 2 | | | | |
| equipment entry 3 | | | | |
| equipment entry 4 | | | | |
| equipment entry 5 | | | | |
| | | | TOTAI | \$0.00 |
| | | | | |

| show the basis for computation. (Note: C | that \$5,000, such as books, hand held tape re Organization's own capitalization policy may by, supplies include any materials that are expect. | be used for |
|--|--|-------------|
| Supply Items | Computation | Cost |
| Supply item 1, one line per entry | | |
| supply item 2 | | |
| supply item 3 | | |
| supply item 4 | | |
| supply item 5 | | |
| supply item 6 | | |
| supply item 7 | | |
| supply item 8 | | |
| supply item 9 | | |
| | th the program office before budgeting funds | • |
| Purpose | Description of Work | Cost |
| four lines per entry, use boxes below or an additional page for more space if required | | |
| | | |
| | | |
| | | |
| | гот | AL \$0.00 |

E. Supplies - List items by type (office supplies, postage, training materials, copying paper, and

| G. Consultants/Contracts the Federal Acquisition Regulation | • • | it's | 5 1 | ormal, written Procuren | nent Policy or |
|---|---|-------------|---------------|--|----------------------------|
| Consultant Fees: For each cons fee (8-hour day), and estimated additional justification and prior | ultant enter the name, if kno time on the project. Consult | | | • | |
| Name of Consultant | Service Provided | | | Computation | Cost |
| Supply item 1, one line per entry | maximum of three lines | | | | |
| Supply item 1, one line per entry | | | | | |
| Supply item 1, one line per entry | | | | | |
| Supply item 1, one line per entry | | | | | |
| | | ·· <u>·</u> | | Subtote | al_\$0.00 |
| Consultant Expenses: List all e addition to their fees (i.e., travel | - | gra | an | t to the individual consu | iltants in |
| | Location | | C | omputation | Cost |
| Consultant expense entry 1, one line per | maximum of three lines | | Ļ | | |
| | | _ | | | |
| | maximum of three lines | |]] | | |
| Consultant expense entry 1, one line per | maximum of three lines | | Ï | | |
| <u></u> | | | , | Subtote | al \$0.00 |
| Contracts: Provide a description of the cost. Applicants are encound A separate justification must be | uraged to promote free and | pe | n | procured by contract and competition in awarding | l an estimate g contracts. |
| Item | | | | | Cost |
| maximum of four lines, additional information | on should be attached on a separate | shee | et(s | i) | |
| maximum of four lines | | | · | | <u> </u> |
| | | | | | |
| | | | | Subtoto | al \$0.00 |
| | | | | тота | L_\$0.00 |
| | | | | | |

| · · · · · · · · · · · · · · · · · · · | reproduction, telephone, janitorial or security major type and the basis of the computation | |
|--|---|---|
| | er square foot for rent, or provide a monthly re | • |
| how many months to rent. | | |
| Description | Computation | Cost |
| four lines per entry, use boxes below or an additional page for more space if required | | |
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| | | <u> </u> |
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| | TOTA | \L |
| cost rate. A copy of the rate approval, (a f the applicant does not have an approved ra- cognizant Federal agency, which will revi | lowed only if the applicant has a Federally apully executed, negotiated agreement), must be ate, one can be requested by contacting the apew all documentation and approve a rate for thing system permits, costs may be allocated in | e attached. If oplicant's he applicant |
| categories. | | |
| Description | Computation | Cost |
| one line per entry | | |
| one line per entry | | |
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| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| <u>L</u> | TOTA | \$0.00 |
| | | |

Budget Summary- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

| Budget Category | Amount |
|--------------------------|--------|
| A. Personnel | \$0.00 |
| B. Fringe Benefits | \$0.00 |
| C. Travel | \$0.00 |
| D. Equipment | \$0.00 |
| E. Supplies | \$0.00 |
| F. Construction | \$0.00 |
| G. Consultants/Contracts | \$0.00 |
| H. Other | \$0.00 |
| Total Direct Costs | \$0.00 |
| I. Indirect Costs | \$0.00 |
| TOTAL PROJECT COSTS | \$0.00 |
| | |
| | |
| Federal Request | |
| Non-Federal Amount | |
| | |

U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

Recovery Act - Justice Assistance Grant (JAG) Program

Certification as to Recovery Act Reporting Requirements

On behalf of the applicant entity named below, I certify the following to the Office of Justice Programs, U.S. Department of Justice:

I have personally read and reviewed the section entitled "Accountability and Transparency under the Recovery Act" in the program announcement for the Recovery Act grant program identified above. I have also read and reviewed section 1512(c) of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), concerning reporting requirements for grants. I agree that the applicant will comply with the reporting requirements set forth therein with respect to any grant the applicant may receive under the Recovery Act grant program identified above.

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Program grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs, and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant entity (that is, the entity applying directly to the Office of Justice Programs).

| Kithl |
|-------------------------------------|
| Signature of Certifying Official |
| Keith E. Whaley |
| Printed Name of Certifying Official |
| Mayor |
| Title of Certifying Official |
| City of Pigeon Forge |
| Full Name of Applicant Entity |
| 06/09/09 |
| Data |

OMB No. 1121-0323 Approval Expires 9/30/2009

U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

Recovery Act - Justice Assistance Grant (JAG) Program

General Certification as to Requirements for Receipt of Funds for Infrastructure Investments

On behalf of the applicant State or unit of local government (including tribal government) named below, I certify the following to the Office of Justice Programs ("OJP"), U.S. Department of Justice:

I have personally read and reviewed the section entitled "Eligibility" in the program announcement for the Recovery Act grant program named above. I also have personally read and reviewed section 1511 of the American Recovery and Reinvestment Act of 2009 (the "Recovery Act"), which requires a specific certification prior to receipt of Recovery Act funds for infrastructure investments.

Initial the statement that applies:

The applicant identified below **does not intend to use** any portion of any funds received under this Recovery Act grant program for any infrastructure investment. Should this intention change, the applicant will promptly notify OJP, and (except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law) will not draw down, obligate, or expend any funds received under this Recovery Act program for any infrastructure investment project until section 1511 of the Recovery Act has been satisfied, and an adequate project-specific certification has been executed, posted, and submitted to OJP.

The applicant identified below does intend to use some or all of any funds received under this Recovery Act grant program for one or more infrastructure investment projects. Except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law, I agree that the applicant entity will execute, post, and submit to OJP, prior to obligating, expending, or drawing down funds for such project, a project-specific certification that satisfies all of the requirements of section 1511 (including execution by the Governor, mayor, or other chief executive, as appropriate) for each such infrastructure investment project.

OMB No. 1121-0323 Approval Expires 9/30/2009

Page 2 of 2

U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

General Certification as to Requirements for Receipt of Funds for Infrastructure Investments

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Program grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant (that is, the governmental entity applying directly to the Office of Justice Programs).

| at W | |
|-------------------------------------|--|
| Signature of Certifying Official | |
| Keith E. Whaley | |
| Drintad Name of Cadifician Official | |
| Printed Name of Certifying Official | |
| Mayor | |
| | ······································ |
| Mayor | |

06/09/09 Date

OMB No. 1121-0323 Approval Expires 9/30/2009