

**STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
OFFICE OF THE ATTORNEY GENERAL**

**SFY21 BODY-WORN CAMERA  
GRANT PROGRAM**



**APPLICATION DOCUMENTS  
TO BE COMPLETED AND RETURNED**

**2021**

**STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
OFFICE OF THE ATTORNEY GENERAL**

**SFY21 BODY-WORN CAMERA GRANT PROGRAM**

**APPLICATION PACKAGE CHECKLIST**

**APPLICANT:** \_\_\_\_\_

**INSTRUCTIONS:** **The Application Package Checklist is a guide for filing all required documents. Please complete one application package and submit via e-mail to [BWCGrants@njoag.gov](mailto:BWCGrants@njoag.gov), by April 30, 2021.**

**APPLICATION:**

Applicant Information Form  
Program Application Narrative  
Timeline of Deliverables  
Application Authorization (Signed by Authorized Official and Project Director)

**NOTE:** **ALL OF THE ABOVE ITEMS ARE MANDATORY REQUIREMENTS AND APPLICATION PROCESSING WILL NOT OCCUR WITHOUT ALL DOCUMENTATION.**

**Applicant Information Form****SFY21 Body-Worn Camera Grant Program**

<b>Police Department/Agency Name:</b>			
Address:			
City:	State:	Zip Code + 4:	County:
Agency Website:	Start of Agency Fiscal Year: <i>(i.e., Jan, July, Oct)</i>	Federal ID Number:	

<b>Name and Title of Chief Executive/Mayor:</b>		
Street Address, City, State, Zip Code + 4: (if different from above):		
Telephone:	Ext.	Email:

<b>Name and Title of Project Director:</b> <i>(co-signer on financial reports)</i>		
Street Address, City, State, Zip Code + 4: (if different from above):		
Telephone:	Ext.	Email:

<b>Name and Title of Contact Person:</b> <i>(Person directly responsible for project operations)</i>		
Street Address, City, State, Zip Code + 4: (if different from above):		
Telephone:	Ext.	Email:

<b>Name and Title of Chief Financial Officer:</b> <i>(Person who co-signs financial reports)</i>		
Street Address, City, State, Zip Code + 4: (if different from above):		
Telephone:	Ext.	Email:

**SFY21 BODY-WORN CAMERA GRANT  
PROGRAM APPLICATION NARRATIVE**

**APPLICANT AGENCY:** \_\_\_\_\_

**GOAL OF THE BODY-WORN CAMERA GRANT PROGRAM:**

The Body-Worn Camera Grant Program is designed to provide law enforcement agencies with funding for the purchase of body-worn cameras, ancillary accessories and storage.

**How many sworn law enforcement officers are employed by your agency (include SLEO II and SLEO III officers)?**

**How many uniformed patrol officers are employed by your agency?**

**Are all of your uniformed patrol officers equipped with Body-Worn Cameras?**

**If not, how many do not have Body-Worn Cameras?**

**How many non-uniformed officers do you have whose duties include regular interaction with the public, including criminal suspects?**

**Do you believe these officers should be equipped with Body-Worn Cameras?**

**If yes, how many?**

**Do you anticipate the need for additional Body-Worn Cameras due to new hires within the next 5 years?**

**If yes, how many?**

**When is the last time your agency purchased or leased Body-Worn Cameras?**

**Given the above responses, what is the total number of Body-Worn Cameras your agency wishes to purchase with these grant funds?**

## Timeline of Deliverables/Milestones

<b>Activity Dates</b>	<b>Activity/Deliverable/Milestone</b>	<b>Person(s) Responsible</b>	<b>Payment</b>
4/1/21 – 5/15/21	Complete and Return to OAG the Application and Award Documents including: Applicant Information, Application Authorization, Program Application Narrative, Timeline of Deliverables/Milestones, Award Contract, Resolution & Certification, and Conditions	Authorized Official, Project Director	20% of Award upon Execution of Contract by OAG

## **APPLICATION AUTHORIZATION**

Please accept this as authorization of the law enforcement agency to submit an application to, and enter into an agreement with, the Department of Law and Public Safety, Office of the Attorney General, to participate in the State's Body-Worn Camera Grant Program.

On behalf of the law enforcement agency, the undersigned certifies and agrees that:

-The Project Director reviewed the contents of the application, it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of their knowledge and belief.

-The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities, has sought and obtained legal advice from the Applicant's legal counsel as considered appropriate or necessary, and shall be responsible for undertaking the programs and activities described in the application.

-As the duly authorized representative of the Applicant, I ensure that the Applicant, if successful, shall use these grant funds to carry out the project and activities specifically described in the application.

-As the duly authorized representative of the Applicant, I am responsible for authorizing expenditures and disbursements of grant funds.

-As the duly authorized representative of the Applicant, I ensure that the Applicant, if successful, shall comply with any and all Federal, State, municipal, statute, regulation, circular, policy or code regarding the use of these funds.

-All grant funds shall be used exclusively for the purposes specified in the grant award.

**This application consists of the following attachments in addition to this form:**

1. Applicant Information Form
2. Program Application Narrative
3. Timeline of Deliverables/Milestones

**I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment pursuant to N.J.S.A. 2C:28-3.**

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**Law Enforcement Agency Name**

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**Printed Name  
(Mayor, Chief Executive, or Authorized Official)**

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**Signature  
(Mayor, Chief Executive, or Authorized Official)**

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**Date**

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**Printed Name of Project Director**

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**Signature of Project Director**

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**Date**