Duns Number:

Cleveland

074303493

Organization: Cleveland Department of Public Safety

2022-AR-LEP-1031

Title Page

A. Program Area: SWP - State-wide Program

NBN - NIBN

CLB - Crime Lab Backlog CCB - Court Case Backlog LEP - Law Enforcement Program CVI - Community Violence Intervention

OTH - Other

B. Title of Project: Cleveland Police Officer Retention Project C. Project Period: 1/1/2023 to: 12/31/2024 Extension:

D. Continuation of Subgrant Number:

E. Focus of Application: 🗸 City Village State County Township

#4,215,000.00 F. Budget Summary: OCJS Funds: \$5,098,042.00

Cash Match: \$0 Inkind Match: \$0

\$0 **Total Budget:**

See Directives for Eligibility

G. Project Director: Prefix: Ms. **First** Dawn M.I.: Last Heartsong Suffix:

> Name: Name:

Title: **Grants Coordinator** Agency: Cleveland Department of Public Safety Address: 1300 Ontario St #828 City: Cleveland Zip: 44113 -

Phone: 2166235126 Ext. 216-623-5853 Fax: Email: DHeartsong@Clevelandohio.gov County: Cuyahoga

H. Implementing Prefix: Mr. Dornat M.I.: Last Drummond Suffix: First

> Name: Name: Title: Chief Agency: Cleveland Police

Address:1300 Ontario Street, 9th floor 44113 - 1603 City: Cleveland Zip:

Phone: 2166235005 Ext. 216-623-5853 Fax:

Email: DDrummond@city.cleveland.oh.us County: Cuyahoga

Website:

I. Subgrantee: Prefix: Mг. First Justin M.I.: Last Bibb Suffix:

> Name: Name:

Title: Mayor Agency: City of Cleveland

Address: 601 Lakeside AVE RM 202 City: Cleveland Zip: 44114 -

Phone: 216-664-3544 Ext. Fax: 216-623-5853 Subgrantee

346000646 County: Cuyahoga Tax I.D.: Email: RPuente@clevelandohio.gov

Vendor ID and Address code to be completed by OCJS:

Non-State Agency OAKS Vendor ID **OAKS Address Code Primary Place of Performance:**

0000100896 012 City:

State Agency OAKS Vendor ID **Vendor Location** Ohio State:

EFT-12 Zip: 44113 - 1603

Reporting Agency Use

Overage

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Personnel Costs

Sal	lar	íes	and	Per	con	nel·

Name/ Vacant	Title	No. Hrs.	Hrly Rate	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$ 0
			Salary Subtotal:	\$0

Employer's Share of Fringe Benefits:

,,			
Fringe Benefits	Rate (%)	Total	Total
		Yearly Wages	Cost
PERS (government agencies)	%		\$0
FICA (private agencies)	%		\$0
Retirement (private agencies)	%		\$0
Unemployment Comp. (max 2.00% on the first \$9,500)	%		\$0
Medicare	%		\$0
Health Insurance			

Fill in the formula: \$ (Monthly Rate) x (# Months) x (FTE) \$0

Fringe Subtotal: \$0

Personnel Total: \$0

Provide justification for each position; list job duties.

10/24/2022

Consultants/Contracts

Consultant and Contract rates cannot exceed \$81.25 per hour or \$650 per 8-hour day.

Name	Hourly Fee	Hours	Total
			\$0
			\$0
			\$0
			\$0
1.			\$0
			\$0
			\$0
•			\$0
			\$0
			\$0
	Consultants/	Contracts Total:	\$0

Provide justification, method of procurement and basis of selection.

<u>Travel</u>

Mileage rate cannot exceed federal mileage rate.

✓ If this page is not applicable, check this box and click SAVE.

A. Auto	No. Miles	Per Mile	Total \$0 \$0
B. Commercial	Destination	Fare	Total \$0 \$0
C. Per Diem: (Meal & Lodging Only)	No. of days	Rate	Total \$0 \$0
D. Other: (Specify)	No. Items	Rate	Total \$0 \$0
		Travel Total:	\$0

Provide justification for travel (Costs must relate to the project staff & objectives).

Equipment

If this page is not applicable, check this box and click SAVE.

Item(s) Being Purchased	Quantity	Unit Price	Total
			\$0
			\$0
		•	\$0
•			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
		Equipment Total:	\$0

Provide justification for the equipment requested.

Supplies

✓ If this page is not applicable, check this box and click SAVE.

List of Items to be Purchased	Quantity	Unit Price	Total
			. \$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
		Supplies Total:	\$0

Provide justification for the supplies; provide allocation method.

Other Costs

Audit costs are only supported for Non-Federal entities that expend \$750,000 or more in Federal funds in the organization's fiscal year and are required to arrange for a single organization-wide audit.

If this page is not applicable, check this box and click SAVE.

Other Charges	Cost	Terms	Total
Rent-Facilities			\$0
Cost of Ownership			\$0
Telephone			\$0
Utilities			\$0
Bookkeeping/Audit			\$0
Maintenance			\$0
Clerical			\$0
Auto Lease/ST Rental			\$0
Equipment Lease/ST Rental			\$0
Photocopying			\$O
Printing			\$0
Other (Specify) Retention Bonus	\$3,000.00	1405	\$4,215,000.00
Other (Specify)	• •		\$0
Other (Specify)			\$0
		Other Costs Total:	\$4.215.000.00

Other Costs Total: \$4,215,000.0(

Provide justification for other costs; provide allocation methods where appropriate.

All 1,405 of Cleveland's current sworn officers will be offered a retention incentive. Due to union negotiations, we must offer it to all officers. Additionally, we are losing officers all across the board from newly graduated cadets to officers with a short period left before full retirement.

Officers who agree to stay on staff until December 1, 2024 will be given \$1,500. After December 1, 2024, Those who remained on staff will be given an additional \$1,500, for a total of \$3,000 per officer.

The \$3,000 amount is less than 10% of the base pay for any sworn officer.

1,405 officers will receive $3,000 (1,405 \times 3,000 = 4,215,000)$

There was no way to enter the names of all officers in this form. The names can be provided on request.

Indirect Costs

Indirect Costs may not be used for match.

✓ If this page is not applicable, check this box and click SAVE.

Amount of			
Direct Costs			
Less Equipment			

Percent

0 to 10%

Total

Indirect Cost Total:

\$0 **\$0**

Provide justification for Indirect Cost.

Click the Browse button to upload a copy of your federally approved plan, then click SAVE to attach to the application.

Budget Request By Resource & Cost Category

	1. Matching Funds		2. OCJS Funds	3. Total
	Cash	Inkind		
1. Personnel				\$0
2. Consultant/Contracts				\$0
3. Travel				\$0
4. Equipment				\$0
5. Supplies				\$0
6. Other Costs			\$4,215,000.00	\$4,215,000.00
7. Confidential Funds				, ,
8. Indirect Cost				\$0
9. Total Project Budget	\$0	\$0	\$4,215,000.00	\$4,215,000.00
OCJS decision		·	• •	

Please list other Federal, State and Local funding sources received or projected to be received by your Agency in support of the proposed project. If funding is pending please state the projected award date.

Funding Source	Amount	Award Date	Projected Award Date
			(if applicable)
N/A	\$0		

What other funding sources are received by your agency in support of your overall program? N/A

	Amount	Percentage %
OCJS Funds Requested:	\$4,215,000.00	100.00
Cash Match:	\$ 0	0.00
In-Kind Match:	\$ 0	0.00
Total Project Budget:	\$4,215,000.00	100.00