

Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants and Research
Highway Safety Division
10 Park Plaza, Suite 3720
Boston, MA 02116
Tel: 617.725.3341

Application for Grant Funds (AGF)
FFY 2011 Automated License Plate Reader Grant Program
Deadline for Applications: Noon, November 29, 2010

All sections must be completed to be eligible.

Name and Complete Address of Department or Municipality Haverhill MA Police Department			
Chief's Last Name	First	Middle Initial	
DeNaro	Alan	R	
E-Mail Address	Telephone	Fax	
Adenaro@haverhillpolice.com	978 722 1502	978 373 3981	
Grant Contact Last Name	First Name	Middle Initial	Title
Pistone	Robert	P	Sergeant
E-Mail Address	Telephone	Fax	
Rpistone@haverhillpolice.com	978 722 1568	978 373 3981	
Applicant Profile			
Does your department currently have any ALPR units in use? If so, how many?		2	
Number of full-time officers		83	
Number of part-time officers		0	
What is the population of your community according to the 2009 census?		63000	
How large is your community (square miles)?		36	

Problem Identification

Category	2007	2008	2009
Number of unlicensed motorist citations	96	59	113
Number of uninsured motorist citations	67	50	148
Number of operating with a suspended license citations	96	98	107

Number of operating with a suspended license arrests	40	35	22
Number of stolen vehicles reports	187	122	123
Number of stolen vehicle arrests	15	11	7

Proposed Programming

Experience- Provide a summary of previous experience your department has with highway safety initiatives (Click It or Ticket, Massachusetts Law Enforcement Challenge, crash reporting, etc.).

The Haverhill Police Department has been an active participant in the Ma Highway Safety Division's Traffic enforcement grants, Child Seat Grants, Bike helmet Grants, equipment Grants, and underage drinking Grants for the past 8 years.

During years that we have not been granted awards, such as this past year with the underage alcohol grant, we still conducted this enforcement.

Timeline- Provide your projected timeline for unit purchase, training, and implementation (January 2011-June 30, 2011).

Purchase units by 01/31/11

Install units by 02/28/11

Training (already trained)

Implementation 03/01/11

Project Activities- Describe your proposed deployment use (how many hours per day, per week, etc.).

The vehicle or vehicles that will be outfitted with the ALPR will be run 24 hours a day on all three shifts, and used to enhance traffic enforcement.

Capabilities- Describe your department's technical capabilities to implement this program.

The Haverhill Police department has been using two ALPR for the past three years with multiple personnel trained in the technical aspects of the ALPR.

Goals- Identify specific, measurable, attainable, realistic and time-bound goals and objectives for this program (i.e. increase uninsured motorist violations by 20% over 2009 levels by August 2011).

The Haverhill Police Department has used two ALPR's for the past three years with a dramatic increase in revoked and suspended registration citations with our Traffic and Safety officers.

The Haverhill Police Department's goal would be to see such an increase in the amount of similar citations in the front line patrol vehicles outfitted with the ALPR's.

The Haverhill Police Department would like to see a 25% increase in the amount of unregistered vehicle citations over 2009.

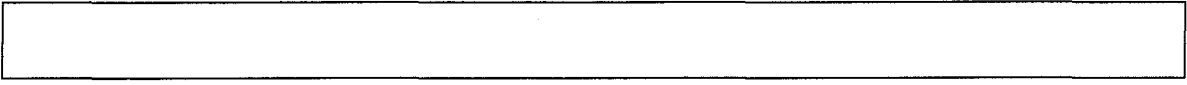
Evaluation- Describe your evaluation plan (for example, a pre and post data comparison for your community during the grant period with the same time period in the previous

year).

The Haverhill Police Department would evaluate the effectiveness of the ALPR's in the front line patrol cars by comparing 2009 citation data by patrol officers versus the same time next year at the end of 2011.

Additional Information- Provide any additional information about your current and/or proposed ALPR program you would like EOPSS to consider when evaluating your AGF response (major highways through community, commuter population).

The Haverhill Police Department currently uses two ALPR's with enormous success in identifying, enforcing, and citing motorists in Haverhill who are operating their vehicle's illegally with uninsured and unregistered vehicles.



BUDGET TEMPLATE

January 2011 - June 30, 2011- also provide specification sheet from your chosen vendor

Equipment	Cost/Rate	Total
ELSAG Mobile License Plate Reader	19,896	19,896
Total		19,896

Total funding requested \$ 19,896

Please Note:

If your department does not have an officer safety belt policy, 50% of your total grant award will be deducted. If your department falls into this category, please provide a statement agreeing that the balance will be paid by your department or that no funds will be awarded.

Grant recipients are required to provide an in-kind (soft) match which represents 20% of the total project cost. For example if you receive \$5,000, your 20% match would be calculated as follows: \$5,000 divided by 80% = \$6,250 X 20% = \$1,250.

FEDERAL IN-KIND MATCH REQUIREMENTS - REQUIRED

Item/Service	Quantity	Cost	Total
ALPR Warranty 2 year	1	2740.50	2740.50
Grant Administration and reporting	30 hrs.	1353.60	1353.60
		Total	\$4094.10

Department's plan to pay for additional maintenance and warranty costs:

The Haverhill Police Department will pay for the additional warranty costs out of its forfeiture/seizure account.

For EOPSS/HSD Use:

Revised Total Request:

\$ _____

Applications due on or before November 29, 2010 at noon to:

Dan DeMille, Program Coordinator
Executive Office of Public Safety and Security
Office of Grants and Research
Highway Safety Division
10 Park Plaza, Suite 3720
Boston, MA 02116

CHECK LIST

- Completed Application (original and 8 copies)
- Required Signatures
- Safety belt policy or commitment to establish one by DATE
- Contract Authorized Signatory Listing

Please note that in the event that your department or municipality is selected for an award, a Standard Contract Form and General Subrecipient Conditions will be provided for your signature at that time.

Before signing below, or obtaining signature, please be sure the entire application is complete.

ASSURANCES

The Haverhill Police Department/municipality acknowledges and agrees to comply with all grant contract requirements and performance measures. This municipality or department understands and agrees that a grant received as a result of this application is subject to the regulations governing highway safety projects and grant management requirements and will comply with all State and Federal Guidelines. Funding is based on availability of federal funds. I hereby acknowledge my understanding of the above grant requirements and will comply with the best of my ability:

ALAN R. DENARO CHIEF
Authorized Representative Name and Title (please print)

Please note that the signatory must be authorized to enter into a contract with the Commonwealth.

[Handwritten Signature]
Authorized Signature in blue ink

11/29/10
Date signed in blue ink

Deadline: An original application form with attachments, along with three copies, must be received by HSD by **noon on November 29, 2010**. Faxed and electronic responses will **NOT** be accepted.

*It is suggested that departments verify with EOPSS-HSD receipt of application prior to deadline (this is because of recent mail delivery problems). Please email Dan DeMille at Daniel.DeMille@state.ma.us to verify receipt.

POLICE VEHICLE OPERATIONS

<p>POLICY & PROCEDURE NO.</p> <p>41.2</p> <p>CALEA Ref # 41.3.1</p>	<p>ISSUE DATE: <u>November 4, 2003</u></p>
<p>Approved: <u><i>Alan R. DeStasio</i></u></p>	<p>EFFECTIVE DATE: <u>November 4, 2003</u></p>
<p>Chief of Police</p> <p>Date: <u>September 29, 2003</u></p>	<p>REVISION DATE: <u>November 4, 2003</u></p>

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures for the maintenance and safe operation of police vehicles, the use of safety belts, and collisions involving Department vehicles.

II. POLICY

It is the policy of the Haverhill Police Department that all police vehicles shall be operated in accordance with the law, and in a safe, courteous and careful manner. Police vehicles are conspicuous symbols of authority, and the actions of police drivers are observed by many. Each officer has a duty to set a positive example for others.

III. DEFINITIONS

Collision: Any movement of a vehicle or its load that results in death, personal injury, or property damage.

Emergency Vehicle: A vehicle owned by a police or fire department or ambulance/rescue service, outfitted with emergency warning lights and siren.

Emergency Response: A response by the driver of an emergency vehicle to an urgent call for immediate police assistance where there is a clear and present danger of actual or potential physical injury or death.

C. Emergency Responses:

1. During emergencies, officers shall operate their vehicles in compliance with M.G.L. Ch 89, S. 7 & 7B, and Ch 90 as amended. Even at such times, the driver of an emergency vehicle is not released from civil or criminal liability for the reckless failure to drive with due care for the lives and safety of other users of the highway.
2. When responding to emergencies, lights and siren shall be used whenever the vehicle is being operated in excess of the posted speeds.
3. ~~The nature of certain crimes-in-progress calls may call for the siren to be discontinued upon close approach to the scene, in which case caution and an appropriate reduced speed shall be exercised.~~
4. Drivers shall recognize the variable factors of weather, traffic volume, road surface conditions and contour, pedestrians, the confluence of intersections, rail crossings, and other conditions which directly affect the safe operation of the vehicle, and shall drive at an appropriate speed to keep the vehicle under control, so that it can be brought to a safe stop without colliding with any other object.
5. Upon approaching a school bus displaying flashing red lights, the driver responding under emergency conditions shall stop. The driver may only continue when the bus driver has turned off the flashing red lights and it is safe to do so.
6. Upon approaching a red traffic light, a stop sign, or a railroad crossing, the driver responding under emergency conditions shall stop the vehicle to avoid colliding with other vehicles or pedestrians and shall not proceed unless it is safe to do so.
7. Emergency vehicle pursuits are covered in Policy 41.2.2. Officers shall become thoroughly familiar with its contents.

D. Safety Belts:

1. The use of safety belts has a significant effect on reducing the number of deaths and the severity of injuries resulting from traffic collisions, and can assist officers in maintaining proper control of their vehicles. Current law exempts the police from wearing seat belts but officers are strongly encouraged to make use of them.
2. Safety belts should be worn by all non-sworn personnel in all vehicles owned, leased or rented by the Department. The driver of the vehicle should ensure compliance by all occupants of the vehicle.

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form, to be used for New Contracts and Contract Amendments/Renewals, is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors should only complete sections marked with a "→". For Instructions and hyperlinks (italics), please view this form at: www.mass.gov/osc under Guidance For Vendors - Forms or at www.mass.gov/osd under OSD Forms.

→ <u>Contractor Legal Name</u> (and d/b/a): <u>Haverhill MA Police</u>		<u>Department MMARS Alpha Code and Name:</u> EPS	
→ <u>Legal Address</u> (from W-9): <u>40 & 1/2 W. Bul Haverhill MA 01830</u>		<u>Business Mailing Address:</u> 10 Park Plaza, Boston, MA 02116	
→ <u>Payment Remittance Address</u> (from W-9):		<u>Billing Address</u> (if different):	
→ <u>Contract Manager:</u> <u>Sgt Robert Pistone</u>		<u>Contract Manager:</u> Paul Garrity, Budget Director, Office of Grants and Research	
→ <u>E-Mail Address:</u>	→ <u>Phone:</u> <u>978 722 1568</u>	<u>E-Mail Address:</u> Paul.Garrity@state.ma.us	<u>Phone:</u> (617) 725-3301
→ <u>Fax:</u> <u>978 333 3981</u>	→ <u>TTY:</u>	<u>Fax:</u> (617) 725-0260	<u>TTY:</u>
→ <u>State of Incorporation</u> (if a corporation) or "N/A": N/A		<u>MMARS Doc ID(s):</u>	
→ <u>Vendor Code:</u>		<u>RF/Procurement or Other ID Number</u> (if applicable):	
<u>MMARS Object Code:</u> P01		<u>Account(s) Funding Contract:</u> 8000-4804	

NEW CONTRACT

COMPENSATION (Check only one):
 Total Maximum Obligation of this Contract \$ _____
 Rate Contract (Attach details of rate(s) units and any calculations):

The following COMMONWEALTH TERMS AND CONDITIONS for this Contract has been executed and filed with CTR (Check only one):
 Commonwealth Terms And Conditions
 Commonwealth Terms And Conditions For Human And Social Services

PROCUREMENT OR EXCEPTION TYPE (Check one option only):
 Single Department Procurement/Single Department User Contract
 Single Department Procurement/Multiple Department User Contract
 Multiple Department Procurement/Limited Department User Contract
 Statewide Contract (OSD or an OSD-designated Department)
 Grant (as defined by 815 CMR 2.00)
 Emergency Contract (attach justification)
 Contract Employee (Complete Employment Status Form)
 Collective Purchase (attach OSD approval)
 Legislative/Legal Exemption (attach authorizing language)
 Other (Specify and attach documentation):

ANTICIPATED START DATE: 12/1/2008 (Enter the Date Contract Obligations may begin. Review Certification for Effective Date Below prior to entry.)

CONTRACT END DATE: 9/30/2012

CONTRACT AMENDMENT/RENEWAL

ENTER CURRENT CONTRACT START and END DATES (prior to amendment)
 Current Start Date: _____, Current End Date: _____

COMPENSATION: (Check Either, "No Compensation Change"; "Maximum Obligation" or "Rate change". ATTACH Amended Scope and Budget to support Amendment.)
 NO Compensation Change (Skip to "OTHER" section below and select change)
 Redistribute Budget Line Items (No Maximum Obligation Change)
 Maximum Obligation Change.
 a) Current Total Contract Maximum Obligation: \$ _____
 (Total Contract Maximum Obligation, including all prior amendments).
 b) Amendment Amount ("+" or "-"): \$ _____
 c) NEW TOTAL CONTRACT MAXIMUM OBLIGATION: \$ _____
 Rate Changes to Rate Contract

OTHER: (Check option, explain under "Brief Description" below, and attach documentation.)
 Amend Duration Only (No Compensation or Performance Change)
 Amend Scope of Services/Performance Only (no budget impact.)
 Interim Contract (Temporary Extension to complete new Procurement)
 Other: (Describe Details and Attach documentation):

ANTICIPATED START DATE: _____ (Enter the Date Amendment Obligations may begin. Review Certification for Effective Date Below prior to entry.)

NEW CONTRACT END DATE: _____

→ PROMPT PAYMENT DISCOUNTS. Contractor has agreed to the following Prompt Pay Discounts for the listed Payment Issue Dates. See Prompt Payment Discount Policy.
 % Within 10 Days % Within 15 Days % Within 20 Days % Within 30 Days OR, Check off the following if:
 Contractor either claims hardship, or chooses not to provide PPD, or compensation is not subject to prompt pay discounts (grants, non-commodity or non-service compensation)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT (Reference to attachments is insufficient):
 For Activities Related to the Highway Safety Traffic Enforcement Grant Program

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, or an earlier Start date listed above, the "Effective Date" of this Contract or Amendment shall be the latest date this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, a later Contract or Amendment Start Date specified above, or the date of any required approvals. By executing this Contract/Amendment, the Contractor makes, under the pains and penalties of perjury, all certifications required under the attached Contractor Certifications, and has provided all required documentation noted with a "→", or shall provide any required documentation upon request, and the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein, including the terms of the applicable Commonwealth Terms and Conditions available at www.mass.gov/osc under Guidance For Vendors - Forms or at www.mass.gov/osd under OSD Forms, the terms of the attached Instructions, the Request for Response (RFR), solicitation (if applicable) or other authorization, the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated performance or budget provisions. The terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties. **THE PARTIES HEREBY ALSO CERTIFY THAT (Check one option only):**

- the Contractor has NOT incurred any obligations triggering a payment obligation for dates prior to the Effective Date of this Contract or Amendment; OR
- any obligations incurred by the Contractor prior to the Effective Date of this Contract or Amendment (for which a payment obligation has been triggered) are intended to be part of this Contract/Amendment and shall be considered a final Settlement and Release of these obligations which are incorporated herein, and upon payment of these obligations, the Contractor forever releases the Commonwealth from any further claims related to these obligations.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

→ X: [Signature] Date: 1/16/10
 (Signature and Date Must Be Handwritten At Time of Signature)

→ Print Name: ALAN R. VENTRO
 → Print Title: Chief

AUTHORIZING SIGNATURE FOR THE DEPARTMENT:

X: _____ Date: _____
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Ellen Frank
Print Title: Executive Director, Office of Grants and Research

COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures.
It is recommended that Departments obtain authentication of signature for the signatory
who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type):

Title:

X *APR 2015* *APR 2015*

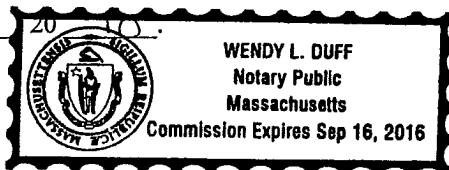
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Wendy L. Duff (NOTARY) as a notary public certify that I witnessed
the signature of the aforementioned signatory above and I verified the individual's identity on this date:

November 22

My commission expires on:



AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the
signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's
authority as an authorized signatory for the Contractor on this date:

_____, 20 ____.

AFFIX CORPORATE SEAL

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME: N/A
CONTRACTOR VENDOR/CUSTOMER CODE: N/A

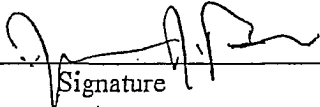
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Alan R. DeNaro	Chief

~~I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.~~


Signature

Date: _____

Title: Mayor

Telephone: 978-374-2300

Fax: 978-373-7544

E-mail: Mayor@cityofhaverhill.com

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.