



Number of stolen vehicles reports	1190	891	835
Number of stolen vehicle arrests	200	135	96

**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 Springfield Police Department has actively participated in all Governor’s Highway Safety Initiatives since its inception. The City of Springfield regularly benefits from targeted/increased enforcement during the Highway Safety enforcement campaigns. In return, the Springfield Police Department has increased efficiencies in how services are delivered in support of the high profile enforcement initiatives. Most importantly, we have increased enforcement citywide.

Establishing and regularly updating a police department-wide seatbelt policy, voluntarily participating in unfunded high profile deployments, re-establishing and enhancing municipal and state police working relationships, participating in sobriety checkpoint initiatives, and most recently, moving toward the capture and management of electronic crash reporting are some of the on-going improvements we are making in unison with the GHSB programming.

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

Upon notification of a successful grant application, the Springfield Police Department would immediately initiate the procurement of the identified technology. We currently have one operational ALARS unit currently assigned to our Stolen Vehicle Unit. We have seen the potential of this technology and we eagerly anticipate the opportunity to purchase a second unit which will be assigned to and deployed by our Traffic Bureau.

For purposes of a timeline reference, we would initiate the procurement in January of 2011 and fully expect to complete that process and deploy the technology prior to June 30, 2011.

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

As this technology would be permanently affixed to a marked patrol vehicle currently assigned to the Traffic Bureau, we would anticipate that this technology would be deployed for a minimum of 16 hours per day. Additionally, the ALARS technology would be deployed in support of specialized patrols such as DDACTS based enforcement and other similar targeted enforcement.

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

The Springfield Police Department is fortunate to have a fully staffed IT department as well as a full service radio repair division. Collectively, we can more than meet the potential demand for technical support and/or repair once service agreements and warrantee agreements expire.

As mentioned, we are fortunate enough to have one ALARS unit on the street in support of stolen vehicle investigations. We anticipate that our learning curve for the new generation ALARS technology will be short and very manageable.

**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).

We anticipate that our enforcement numbers will significantly increase in all categories with this technology. We have a working familiarity with this technology as it is currently deployed in support of Stolen Vehicle investigations. That being said, we see the potential for a significant increase in Chapter 90 enforcement in the areas of unlicensed, uninsured, unregistered, unlicensed, and warrant arrests. As this technology essentially changes the equation from reactive to proactive enforcement, without a baseline of performance, we can only speculate as to its true potential. We feel that a 20% increase in enforcement is a modest estimate and in fact may prove to be much higher.

**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).

We will rely on analysis provided by our Records Division to provide baseline data prior to the deployment of this technology. We will compare prior years numbers for similar time periods in comparison to the new data generated once this technology is fully deployed.

**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).

Key personnel from the Springfield Police Department are scheduled to attend DDACTS training in Fitchburg, MA in January 2011. This equipment would significantly enhance our initiative when we implement this policing strategy.

Additionally, the Springfield Police Department regularly participates in local DDOLUA initiatives in conjunction with the Massachusetts State Police. Having ALARS on site during these mobilizations significantly enhances the effectiveness of the enforcement.

**BUDGET TEMPLATE**

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

<b>Equipment</b>	<b>Cost/Rate</b>	<b>Total</b>
ALARS – Model #MPH-900X2AD3 Split Trans	\$16,350.00	\$16,350.00
Vehicle Installation Kit	\$ 335.00	\$ 335.00
Operation Center License	\$ 600.00	\$ 600.00
<b>Total</b>		\$17,285.00

Total funding requested **\$ 17,285.00**

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**

<b>Item/Service</b>	<b>Quantity</b>	<b>Cost</b>	<b>Total</b>
Fringe Benefit Sworn FTE Traffic Division	(1)	\$19,006.00	\$19,006.00

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

Currently, the Springfield Police Department is in the FY 2012 planning stage. As a matter of accounting, we include modest increases to our fixed cost IT software licensing budget line item. For purposes of this application, we have identified this expense to be \$600 for a one year period. This cost is well within our budget going into the next fiscal year.

**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 Springfield 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:

Kevin M. Dudley Deputy Chief of Police

Authorized Representative Name and Title (please print)

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

Kevin M. Dudley - Deputy Chief

Authorized Signature in blue ink

11-24-10

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](mailto:Daniel.DeMille@state.ma.us) to verify receipt.

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME :** City of Springfield  
**CONTRACTOR VENDOR/CUSTOMER CODE:** VC6000192140

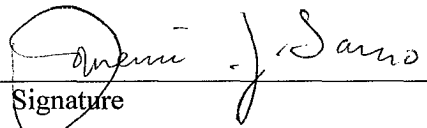
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. 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
William J. Fitchet / Kevin M. Dudley	Police Commissioner / Deputy Chief
Patrick Burns, or Joanne Raleigh	Comptroller, or Deputy Comptroller
Kathleen Breck, Maria Puppolo, or Patricia Bobba-Donovan	Deputy, Assistant, Associate City Solicitor
Domenic Pellegrino	Director of Business and Technology

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: 11/24/10

Title: Mayor

Telephone: 413-787-6100

Fax: 413-787-6663

Email: [djordan@springfieldcityhall.com](mailto:djordan@springfieldcityhall.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.



COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May  
2004



CONTRACTOR LEGAL NAME: City of Springfield  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192140

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): **Domenic J. Sarno**

Title: **Mayor**

X

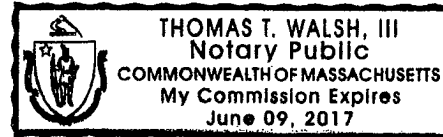
Signature (as it will appear on contract or other document (Complete only in presence of notary):

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

I, Thomas T. Walsh, III (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 24, 20 10.

My commission expires on: June 9, 2017



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

Issued May  
2004



CONTRACTOR LEGAL NAME: **City of Springfield**  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192140

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Signatory's full legal name (print or type): **Kevin M. Dudley**

Title: **Deputy Chief**

X

*Deputy Chief Kevin M. Dudley*

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, Dorothy M. McNamara (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 24, 2010.

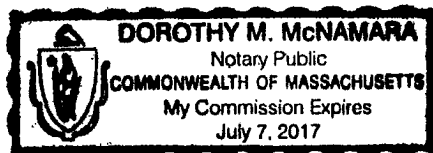
My commission expires on: 7/7/17

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

Issued May  
2004



CONTRACTOR LEGAL NAME: City of Springfield  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192140

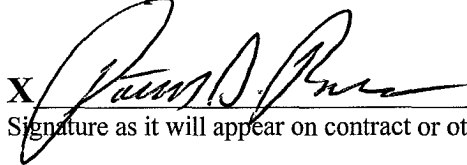
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Signatory's full legal name (print or type): Patrick Burns

Title: Comptroller

X 

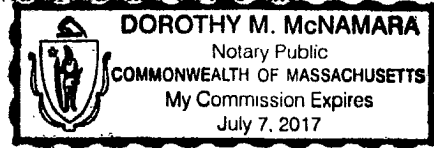
Signature as it will appear on contract or other document (Complete only in presence of notary):

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

I, Dorothy M. McNamara (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 24, 20 10.

My commission expires on: 7/7/17



AFFIX NOTARY SEAL

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\_\_\_\_\_, 20 \_\_\_\_.

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Signatory's full legal name (print or type): Patricia Bobba-Donovan

Title: Associate City Solicitor

X Patricia Bobba-Donovan

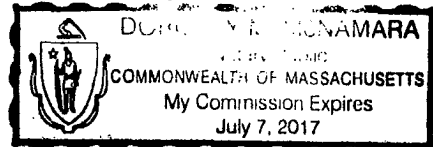
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This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

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

Title: **Director of Business and Technology**

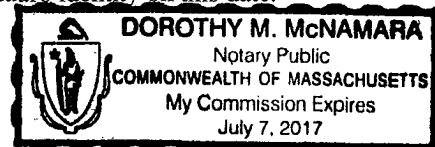
X *Domenic Pellegrino*  
Signature as it will appear on contract or other document (Complete only in presence of notary):

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

I, *Dorothy M. McNamara* (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 24, 2010*

My commission expires on: *7/7/17*



AFFIX NOTARY SEAL

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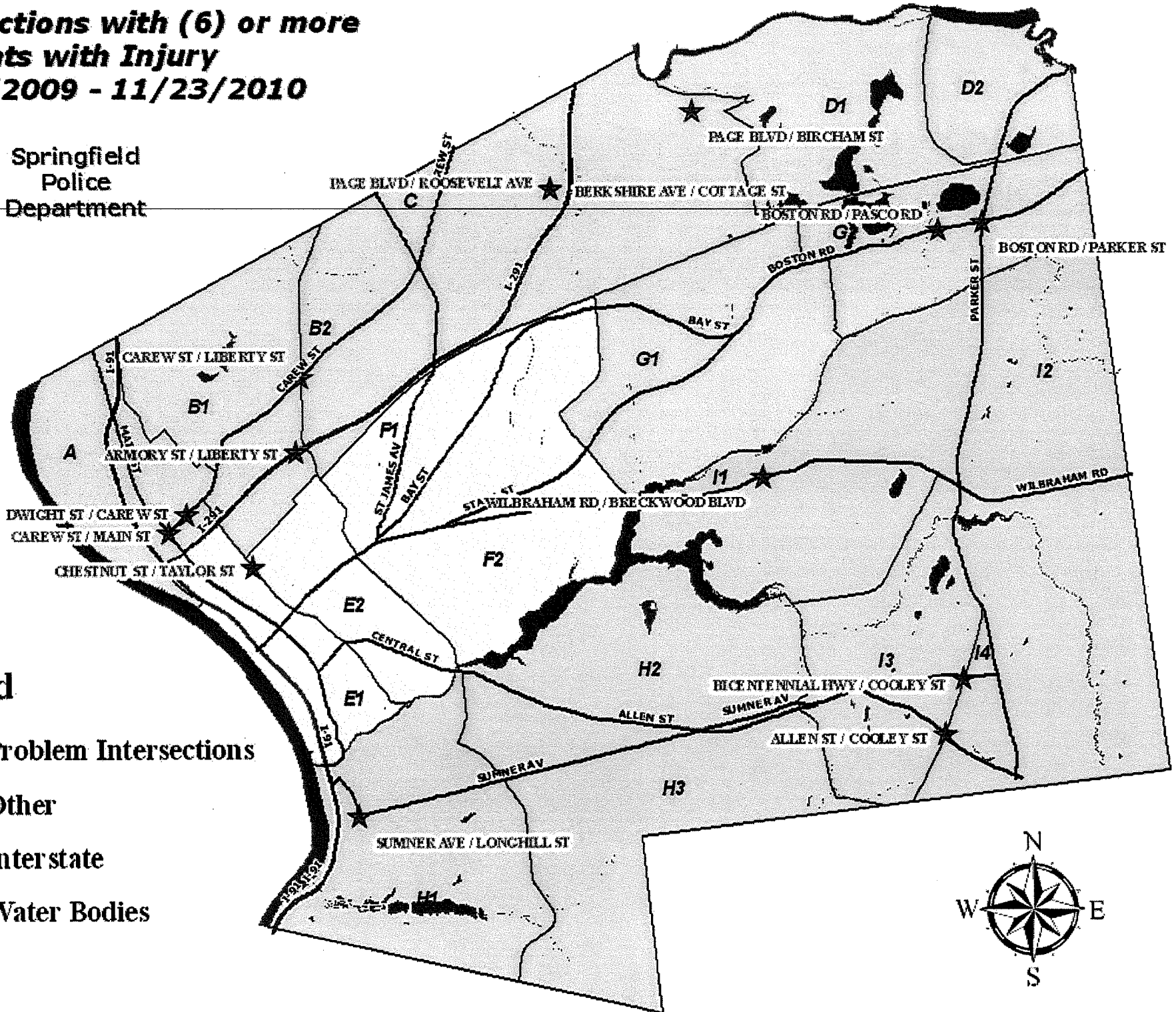
AFFIX CORPORATE SEAL

# ATTACHMENTS

**Intersections with (6) or more  
Accidents with Injury  
11/23/2009 - 11/23/2010**

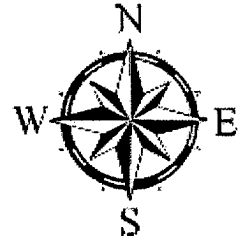


Springfield  
Police  
Department

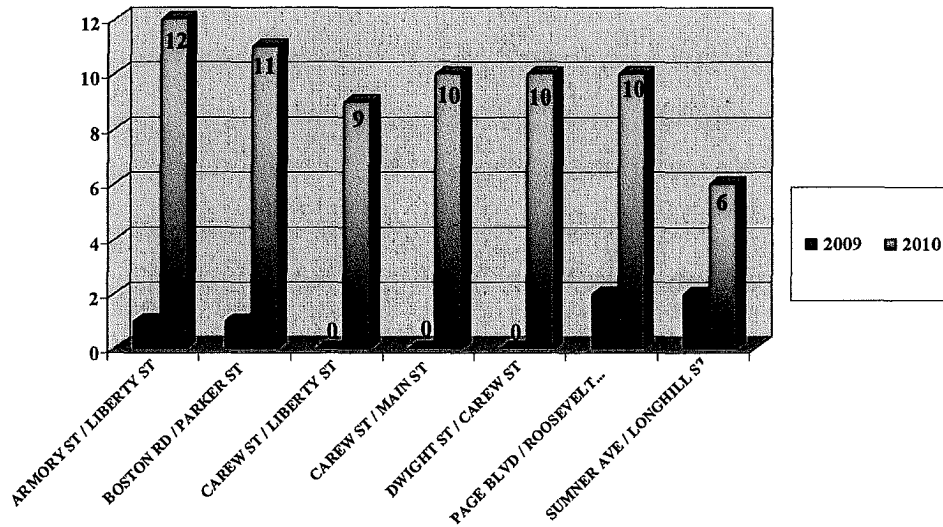


**Legend**

- ★ Problem Intersections
- Other
- Interstate
- Water Bodies



**Intersections with (8) or More Accident with Injuries  
11/23/2009 - 11/23/2010**



**Intersections with (6) or More Accident With Injuries**

Intersection	Total	2009	2010	Total
PAGE BLVD / BIRCHAM ST	6	0	6	6
ARMORY ST / LIBERTY ST	13	1	12	13
BERKSHIRE AVE / COTTAGE ST	6	1	5	6
BOSTON RD / PARKER ST	12	1	11	12
BOSTON RD / PASCO RD	7	3	4	7
CAREW ST / LIBERTY ST	9	0	9	9
CAREW ST / MAIN ST	10	0	10	10
DWIGHT ST / CAREW ST	10	0	10	10
PAGE BLVD / ROOSEVELT AVE	12	2	10	12
ALLEN ST / COOLEY ST	7	0	7	7
BICENTENNIAL HWY / COOLEY ST	6	1	5	6
SUMNER AVE / LONGHILL ST	8	2	6	8
WILBRAHAM RD / BRECKWOOD BLVD	6	1	5	6
CHESTNUT ST / TAYLOR ST	6	0	6	6
<b>Total</b>	<b>118</b>	<b>12</b>	<b>106</b>	<b>118</b>



# ELSAG North America Law Enforcement Systems, LLC

412 Clocktower Commons  
 Brewster, NY 10509  
 Duns # 196140821  
 Phone: 1-866-9MPH900 (967-4900)  
 Fax: 336-379-7164

DATE

11/15/2010
**QUOTATION**

**Delivered to:**

Springfield Police Dept.  
 Att: Sgt. Brian Elliott  
 130 Pearl St.  
 Springfield, Massachusetts 01105

Quotation valid until: January 31, 2011  
 Prepared by: Pat Fox

Projected Arrival Date: TBD

(Please mail your PO to the address above or FAX copies to the number above and also FAX a copy to (518) 452-7777.

Receipt of Goods

**NASPO Multi-State Contract #PC62119 Award #19745**  
**Massachusetts Contract # HSL-01**  
**WSCA # PC 62119 Hazardous Incident Response Equipment**  
**(Contract term: September 2, 2005 - May 31, 2015)**

**MASSACHUSETTS EOPSS FY2011 AUTOMATED LICENSE PLATE READER GRANT**

Model #	Description	Cost	Units	Amount
<b>MPH-900X2AD3 SPLIT TRANS</b>	Mobile License Plate Reader - Includes two units with LPR Processors, camera (color and IR LPR); Infrared illuminators, enclosures, junction box, cables and related software. (REQUIRES INSTALLATION BY AUTHORIZED ELSAG N.A. PERSONNEL)	\$16,350	1	\$16,350.00
<b>MPH-900 INSTALL</b>	IN A TRANSPORTABLE RUGGEDIZED CASE. Hedley mounts with a Clicker to be mounted on a Ford Crown Victoria.			
<b>OPERATION CENTER LICENSE</b>	Operations Center License	\$600	1	<b>\$600.00</b>
			<b>TOTAL</b>	<b>\$16,950.00</b>

**Service Plan for goods and services provided by the above quote**

Year I	Free		
Year II	\$1,600.00 per year	Hardware and Software	
Year III	\$1,600.00 per year	Hardware and Software	
Year IV	\$1,600.00 per year	Hardware and Software	

Service Plan Includes:

- Software Updates
- Annual Training/Service
- Parts & Labor

Approval Signature: \_\_\_\_\_



# ELSAG North America Law Enforcement Systems, LLC

412 Clocktower Commons  
 Brewster, NY 10509  
 Duns # 196140821  
 Phone: 1-866-9MPH900 (967-4900)  
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**MASSACHUSETTS EOPSS FY2011 AUTOMATED LICENSE PLATE READER GRANT**

Model #	Description	Cost	Units	Amount
<b>ADDITIONAL CAR KIT</b>	1 extra power cord for an AD3 Split unit (\$125.00), 1 extra ethernet cable for an AD3 Split unit (\$100.00) and 1 extra GPS unit with USB extension (\$110.00) for a Total of \$335.00 to power up an additional vehicle.	\$335	1	\$335.00
			<b>TOTAL</b>	<b>\$335.00</b>

**Service Plan for goods and services provided by the above quote**


- Service Plan Includes:
- Software Updates
  - Annual Training/Service
  - Parts & Labor

Approval Signature: \_\_\_\_\_

