

**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			
<b>North Andover Police Department 566 Main Street* North Andover, MA 01845</b>			
*address as of 11-29-2010 – 1475 Osgood Street North Andover, MA 01845			
Chief's Last Name <b>Stanley</b>	First <b>Richard</b>	Middle Initial <b>M</b>	
E-Mail Address <b>rstanley@napd.us</b>	Telephone <b>978-683-3168</b>	Fax <b>978-686-1212</b>	
Grant Contact Last Name <b>Carney</b>	First Name <b>John</b>	Middle Initial	Title <b>Operations Division Commander</b>
E-Mail Address <b>jcarney@napd.us</b>	Telephone <b>978-683-3168</b>	Fax <b>978-686-1212</b>	
<b>Applicant Profile</b>			
Does your department currently have any ALPR units in use? If so, how many?		<b>None</b>	
Number of full-time officers		<b>40</b>	
Number of part-time officers		<b>12</b>	
What is the population of your community according to the 2009 census?		<b>30,200</b>	
How large is your community (square miles)?		<b>28</b>	

**Problem Identification**

Category	2007	2008	2009
Number of unlicensed motorist citations	69	33	62
Number of uninsured motorist citations	85	43	67
Number of operating with a suspended	112	70	74

license citations			
Number of operating with a suspended license arrests	38	61	66
Number of stolen vehicles reports	17	14	12
Number of stolen vehicle arrests	3	1	1

**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 North Andover Police Department been participating in the Traffic Enforcement programs, Click it or Ticket, You Drink You Drive You Lose for many years. We have participated in 12 Sobriety Checkpoints with the Massachusetts State Police over the past few years.

We also operate our own traffic unit and have officers trained in accident reconstruction.

We have participated in the testing and evaluation of a license plate reader in January 2010.

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

We would purchase the product as soon as funds become available. Our traffic officers and several other patrolmen participated in the testing of a unit earlier this year. The traffic officers would be in charge of training and maintaining data and the unit itself.

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

We would try to deploy the unit during all three shifts since it is possible to gather information from both moving vehicles during the day and parked vehicles at night. We would prefer to have the unit in operation as much as possible. It will be handled through the Traffic Unit and assigned to specific officers chosen by the Operations Division Commander.

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

We recently moved into a new state-of-the-art police facility. We are currently in the process of updating computer hardware and software and have IT staff on hand. Our in-car computers were capable of handling the units when we tested them in January, 2010.

**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).

Goals for the project are to increase motor vehicle stops by 10% over the first six months. During the same period we would expect at least a 10% increase in issued violations for operating after suspension of license, operating unregistered and/or uninsured motor vehicles, as well as an increase in warrant arrests

**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 would evaluate the project as described above by comparing data before and after the implementation period as well as comparing officer performance (number of MV stops) before and after the project implementation.

**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).

State highways Rt. 114, Rt. 125 and Rt. 133 cross through North Andover. These secondary highways connect to Rt. 93, Rt. 95 and Rt. 495 in our town or in neighboring towns. There is a significant amount of commuter traffic and a significant amount of traffic passing through from one urban area to another. Lawrence - Haverhill via Rt. 125, Lawrence - Lynn via Rt. 114. Traffic is a significant issue for us.

**BUDGET TEMPLATE**

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

Equipment	Cost/Rate	Total
PIPS 3 Camera Unit	\$19,707	\$19,707
<b>Total</b>		

Total funding requested \$ 19,707

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
Training	10 officers x 4 hrs.	Avg. \$29/HR.	\$1,160
IT Staff Support	Installation/maintenance	@\$18/hr x 20 hrs	\$360
Activity Reports	2 hrs/wk x 52 weeks	\$29 x 104	\$3016.
Unit Warranty		\$1,900	\$1,900
			\$6,436

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

Additional costs will come out of the department budget.

**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 North Andover 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:

LT. John P. Carney, Operations Division Commander  
Authorized Representative Name and Title (please print)

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

LT. John P. Carney  
Authorized Signature in blue ink

11-29-2010  
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 :**  
**CONTRACTOR VENDOR/CUSTOMER CODE:**

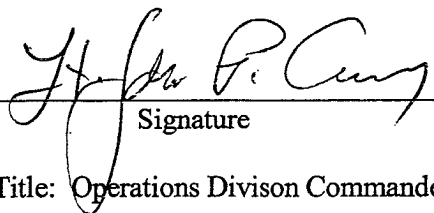
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. 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
John Carney	Police Lieutenant
Richard M. Stanley	Chief of Police

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: 11-29-2010

Title: Operations Division Commander

Telephone: 978-683-3168

Fax: 978-686-1212

Email: jcarney@napd.us

[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 :**  
**CONTRACTOR VENDOR/CUSTOMER CODE:**

COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May  
2004



CONTRACTOR LEGAL NAME :  
CONTRACTOR VENDOR/CUSTOMER CODE:

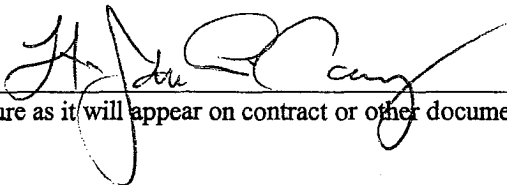
PROOF OF AUTHENTICATION OF SIGNATURE

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): John P. Carney

Title: Operations Division Commander, North Andover Police Department

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, Deborah M. Burtcher (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 29, 20 10.

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

No officer will proceed to the scene of an incident without being directed by the Duty Supervisor or they first request clearance to do so. Detectives will also adhere to the above policy.

#### **14.0 GENERAL RESPONSE GUIDELINES:**

Any unit responding to an emergency call, such as an officer in trouble/down, will closely monitor their radios in the event that the situation changes (either downgraded or upgraded) so that the response can be appropriately modified.

**15.1** The first unit to arrive at the scene will call out and then report the current situation so that other units may adjust their response accordingly. Any units told to disregard, by either the Communication Officer, or a supervisor, will immediately resume their normal patrol.

#### **15.0 SEATBELT POLICY- BACKGROUND: [41.3.3]**

There is ample evidence available indicating that use of safety/seat belts has a significant effect in reducing the severity of injuries and the number of deaths resulting from traffic crashes. In addition, safety belts assist officers in maintaining proper control of their vehicles during emergency, pursuit, priority response and/or high speed operation.

Based on these facts, the department has instituted the following policy regulating seat belt usage in North Andover Police vehicles.

#### **15.1 OPERATORS AND PASSENGERS:**

All persons, except where specifically exempted, will use the safety belt restraining system at all times while operating or riding as a passenger in a department vehicle (including vehicles that are equipped with an airbag passive restraint system).

- This policy will **NOT** apply to persons occupying a seating position that is **NOT** equipped with a safety belt assembly.
- **The department mandates the use of safety belts at all times in order to ensure the safety of its employees and passengers.**

#### **15.2 PRISONER TRANSPORT:**

Whenever prisoners are being transported in a North Andover Police vehicle, they will be secured with the safety restraint devices provided.

# Quotation

Adamson Industries Corp.  
45 Research Dr.  
HAVERHILL, MA 01832

Quote Number:  
8949

Quote Date:  
Nov 29, 2010

Page:  
1

**Quoted to:**

NORTH ANDOVER POLICE DEPT  
566 MAIN STREET  
NORTH ANDOVER, MA 01845

Customer ID	Good Thru	Payment Terms	Sales Rep
N AND MA PD	12/29/10	Net 30 Days	DAWN

Quantity	Item	Description	Unit Price	Extension
1.00		PIPS TWO CAMERA SYSTEM	17,665.00	17,665.00
1.00		PIPS THREE CAMERA SYSTEM	19,707.00	19,707.00
		ABOVE SYSTEM INCLUDES CAMERAS, HARDWARE, SOFTWARE, PIPS, BACK OFFICE SYSTEM, INSTALLATION AND TRAINING		
		OPTIONAL EQUIPMENT UPGRADES		
1.00		TWO YEAR WARRANTY	1,900.00	1,900.00
1.00		THREE YEAR WARRANTY	4,607.00	4,607.00
1.00		ENHANCED MAPPING CAPABILITY	755.20	755.20
		JCARNEY@NAPD.US		
			Subtotal	44,634.20
			Sales Tax	
			Freight	
			<b>Total</b>	44,634.20

TEL # 978-681-0370

FAX # 978-975-7168