**VI. Exhibit B: Proposal Narrative**

Application should be 12 pages maximum, drafted in 12-point Times New Roman font and double-spaced. Please number pages.

1. One-page executive summary
2. Statement of problem
	1. Provide a comprehensive description of the jurisdiction’s violent crime issues.
	2. Provide local crime statistics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year | Year | Year | Year | Year |
| Total number of firearm-related aggravated assault and battery incidents and victims by year for the last five years.\* |  |  |  |  |  |
| Total number of firearm-related homicide incidents and victims by year for the last five years. |  |  |  |  |  |
| Total number and % of firearm-related homicides and aggravated assault and battery incidents involving gangs or groups by year for the last five years.  |  |  |  |  |  |
| Calls for service for shootings by year for the last five available years. |  |  |  |  |  |

\*Applicant may include additional years and/or data.

Please note that selected applicants will be required to report on these and possibly additional crime data elements on a quarterly basis. Grantees will be asked to summarize how the data is informing their assessment and selection process. In addition, as part of the assessment process, grantees should demonstrate a familiarity with their relevant data, the ability to acquire it and interpret it for planning purposes.

* 1. Provide a description of the applicant’s and partner criminal justice agency’s current local data collection and analysis capacity.
	2. Provide a description of the current strategies employed to address violent crime throughout the local criminal justice system.
1. Community Description
	1. Provide a comprehensive description of the selected community. Be sure to include, at minimum, demographics, such as race, ethnicity, age, high school graduation rates, poverty levels, and unemployment rate.
	2. Provide a description of current state and local criminal justice agencies and community organizations that address violent crime.
	3. Provide a description of the extent of community engagement and community police relationships.
	4. Provide a description of your community’s strengths and challenges.
2. Multidisciplinary Team

	1. List all agencies that will be part of the jurisdiction’s multi-disciplinary team.
	2. Include the commitment from each entity to meeting roles and responsibility. Some deliverables include attendance of decision-makers at regular (monthly at minimum) meetings, agreement to share crime data (when applicable), and participation in the planning grant activities as described in Section III: Program Design.
	3. Provide a description of the history and degree of current collaboration across criminal justice agencies.
3. Project management

Thoroughly complete the Implementation Schedule. The purpose of this Implementation Schedule is to help the applicant identify and facilitate an effective project. Applicants should include major tasks and events with sufficient detail.

**Implementation Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Month Begun** | **Month Completed** | **Personnel Responsible** | **If ongoing, how often?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Complete the performance metrics chart by filling in the information marked with XX. Additional metrics may be added during the planning period.

**Performance Metrics**

**Goals, Objectives, and Performance Indicators**

|  |
| --- |
| **Goal:** To reduce group-related violent crime through strengthened governmental collaboration and increased trust between law enforcement and the communities they serve. |
| **Process objectives** |
| Hire MDT Program Manager by XX date or XX month of the program | * Date MDT Program Manager hired
 |
| Form Multi-disciplinary Team (MDT) composed of community stakeholders and decision makers from the city Mayor’s office, law enforcement, local and federal prosecution and community corrections by second month of the program. | * Date MDT formed
* MDT membership by agency affiliation and assigned staff.
 |
| Hire Research Partner by XX date or XX month of the program | * Date Research Partner hired
 |
| Convene regular MDT (at minimum monthly) MDT meetings which include at least XX % of all required members in attendance | * Number of meetings held
* Number of meetings with at least 80 % of all assigned staff of required agencies in attendance.
 |
| Identify and convene meetings with XX community agencies and leaders to discuss procedural justice, planning process and survey | * Number of meetings convened
* List of community agencies contacted
 |
| Implement survey that assesses community perceptions of law enforcement to at least XX % of community | * Number of surveys released
* Number of completed surveys returned
 |
| Survey results are prepared in report by XX date, reviewed by MDT Partners and community leaders. | * Date survey report submitted for MDT review
 |
| MDT partners and community leaders review survey report by XX date | * Date of survey report review by MDT partners and community leaders
 |
| Submit required crime data to MDT for review. At minimum: * Shootings by date/time, suspect(s) and victim(s) involved, group(s) involved, neighborhood, motive, weapon(s) used
* Individual and group-specific data for targeted intervention
* Total crime guns recovered and submitted to ATF for trace
 | * XX months/quarters required data reported to MDT for review.
* Number of Shootings by date/time, suspect(s) and victim(s) involved, group(s) involved, neighborhood, motive, weapon(s) used
* Number of Individual and group-specific data for targeted intervention
* Total crime guns recovered and submitted to ATF for trace
 |
| Attend regional MDT information sharing events hosted by the Authority | * Number of Authority information sharing events attended
* Number and agency affiliation of attendees
 |
| Initiate SARA analysis by XX date | * Date SARA analysis initiated
* Number of MDT meetings in which key tasks are accomplished as reflected in meeting notes.
 |
| Complete SARA analysis by XX date  | * Date SARA analysis completed
 |
| MDT reviews and accepts SARA analysis  | * Date of MDT review/approval of SARA analysis
 |
| Develop draft plan for Year 2 by XX date | * Date draft plan developed
 |