

**State of New Hampshire  
Department of Safety**



**LAW ENFORCEMENT SUBSTANCE  
ABUSE REDUCTION INITIATIVE**

**Program Guidance and  
Application Kit**

**To:**

State of New Hampshire  
Department of Safety  
Grants Management Unit  
33 Hazen Drive  
Concord, NH 03305

**NO FAX or HARDCOPIES.**

**E-MAIL COPIES To: [HomeLandGrants@DOS.NH.GOV](mailto:HomeLandGrants@DOS.NH.GOV)**

All applications are due by October 30, 2019

**More information at: <http://www.nh.gov/safety/divisions/homeland/index.html>**

## **Program Overview**

The purpose of this grant (RSA 21 – P: 66) is to support the implementation of drug enforcement operations/initiatives to combat the misuse of narcotics throughout the state. The misuse of these substances has resulted in a significant increase of drug related overdoses and deaths.

The grant will provide local law enforcement, county law enforcement agencies or regionalized agency coalitions specifically developed for this project, to identify, investigate, and apprehend individuals and/or organizations that are involved in narcotics use and trafficking.

This grant requires increased information sharing. The protocols and conditions shall be based on the principles of intelligence-driven, problem-oriented policing, using statistics and information to place additional police patrol and investigative presence at the locations, times, and places where there have been a significant convergence of motor vehicle crashes, crimes, and drug use or in corridors known to be used by drug dealers for shipments of illegal drugs in to the State.

It also supports joint/regional operations between both uniformed patrol officers working to support covert drug unit operations on specific targets and locations throughout the state. The protocols shall insure that the officers assigned to such patrol unit for this program have been trained in the concept of data-driven policing and have appropriate knowledge of the requirement of the state and federal constitutions.

The program shall include requirements and timelines for periodic reporting through the Department of Safety to ensure that measurable results are being obtained for this investment

## **Program Goals**

- **Reduce narcotics sales and abuse which are causing the increase in overdoses and deaths and a rise in more serious crimes**
- **Support local, and county law enforcement with the continuation and expansion of successful partnership patrols and joint narcotics enforcement operations**
- **Enhance and improve information gathering and sharing among state, local, and county law enforcement through the statewide Information and Analysis Center (IAC and the locally embedded Intelligence Liaison Officer (ILO)**

**All funds awarded must be in line with one or more of the above investments.**

## **Program Requirements**

- Use of grant funds must be consistent with and supportive of implementation of the Department of Safety Law Enforcement Substance Abuse Reduction Initiative Grant Program outlined herein and in SAF-C 2900.
- Applications will be accepted for projects that support local law enforcement, county law enforcement or regionalized agency coalitions specifically developed for this project with the goals to primarily be: the continuation and expansion with partnership patrols, covert undercover narcotics investigations to

reduce and deter narcotics sales and overdoses, and information gathering and sharing to ensure de-confliction of cases in partnership with the State Information and Analysis Center (IAC) ,which will also enhance officer safety.

- No funds will be granted for “purchase of evidence” or for “confidential funds” utilization under this grant program
- No operational equipment may be purchased with these grant funds (for example: weapons, vests, drones, night vision, radios, specialized vehicles, etc.) for local, county, or regionalized agency coalitions formed for this project
- Promoting multijurisdictional law enforcement collaboration and increased information sharing through the IAC;

### **Authorized Program Expenditures**

Funds awarded to each grantee can be only used to augment the funds budgeted through your respective municipality according to the mission of this grant outlined on page 5. The supplanting of locally budgeted and approved funds for routine Law Enforcement is prohibited.

State of New Hampshire – Department of Safety  
LAW ENFORCEMENT SUBSTANCE ABUSE REDUCTION INITIATIVE  
APPLICATION



**PROJECT APPLICANT**

APPLICANT: \_\_\_\_\_

**PROGRAM MANAGER/CONTACT (PRIMARY POINT OF CONTACT)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROGRAM MANAGER/CONTACT SIGNATURE: \_\_\_\_\_

**FINANCE OFFICER**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FINANCE OFFICER SIGNATURE: \_\_\_\_\_

**AUTHORIZING OFFICIAL (Per RSA 31:95-b or RSA 37:6)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CERTIFICATION:** I CERTIFY THAT I AM DULY AUTHORIZED UNDER THE STATUTES OF THE STATE OF NH TO APPLY FOR, AUTHORIZE,  
OR ACCEPT THE DEPARTMENT OF SAFETY GRANT FUNDS HEREIN

AUTHORIZING OFFICIAL SIGNATURE: \_\_\_\_\_

## GRANT NARRATIVE SECTION

Please compose a grant narrative answering all the questions/discussion points below. Please outline your grant narrative as shown for all sections as required below.

**Attach** the narrative back-up or additions to the table of statistics as a **SEPARATE** Attachment if more space is needed. Be sure to label your attachment clearly so it will be considered during the review process.

### I. Community Background

A. Provide a summary description of this project.

- 1) Describe your funding goal within your community with this grant award (Not to exceed 750 words)

- 2) Are you (applicant) a member of an established drug task force      YES or      NO
- 3) Are you a Local, County Agency/Department that has an already established Drug Unit (circle)
  - a.      Yes or      No and insert date established: \_\_\_\_\_

## II. Program Implementation Strategy

A) Describe your current substance abuse issue and support this with relevant, localized statistics\*

B) Explain how the initiative will support the achievement of the stated grant goal. Include local drug enforcement efforts. Support this with statistics\*, or validated best practices to be replicated with these funds. (NTE 500 words)

C) Describe challenges to effective implementation of your project (ie: current law, manpower issues, etc.) ( NTE: 300 words)

D) The number of Full Time and Part Time law enforcement personnel currently employed by the applicant;

E) The number of Full Time and Part Time Law Enforcement resources who will collaboratively work on this specific project (collective size of force assigned to this grant program and objectives related specifically to this program).

\*Statistics should be obtained from: NH Drug Monitoring Initiative (DMI) from the NH IAC, as noted in 1-5 below. There MAY be exceptions as noted in each criteria. This DMI can also be found at: <http://www.dhhs.nh.gov/dcbcs/bdas/data.htm> . Note: ONLY use “unclassified” DMI statistics in this application. Please note exceptions for statistics.

Include the following information in a “table type” format for your region or community regarding items that support the need that is proposed to be addressed in this grant\*\* (Per RSA 21-P:66 II) (regarding intelligence driven policing using statistics etc). Use the period of the 6 months ended 06/30/2019.

1. **Overdose Deaths by town/city/jurisdiction (DMI)-** The total number of drug related deaths as well as deaths related to narcotics.\*
2. **Felony Drug Arrests by applicant’s jurisdiction (Provide Data w/ Supportive Reports)-\*** Felony drug arrests submitted by NH Law Enforcement agencies to IAC OR please use your local arrest records and certify this as true.
3. **Emergency Room Visits by County (DMI)\*\*or use local data and certify source - \*- Use the most common catchment area hospital of the 26 acute care hospitals for your region.** All emergency department encounters from 26 acute care hospitals in New Hampshire. This data represent any encounter with narcotics listed as chief complaint text and may represent various types of incidents including accidental poisonings, suicide, or other related types of events.
4. **Treatment Admission by County or applicant’s jurisdiction (DMI) or use local data and identify source \***- Use the most common catchment area treatment location in your region.
5. **Narcan Administered by town/city/jurisdiction (DMI) \***- Narcan data in this report involves the number of incidents where Narcan was administered, NOT the number of doses of Narcan during a certain time period. Multiple doses may be administered during an incident.

<b>Overdose Deaths</b>	
<b>Felony Drug Arrests</b>	
<b>Emergency Room Visits</b>	
<b>Treatment Admissions</b>	
<b>Narcan Administered</b>	

**III. Funding and Implementation Plan: Hourly costs plus the agency cost of NHRS, Medicare, Workers' Comp., and Unemployment Compensation for sworn law enforcement personnel. This rate is the rate that must be reported and validated to NH Department of Safety and will be the basis for the reimbursement. Travel time to and from event is not reimbursed by the grant nor is mileage for vehicles for the grant related work.**

Please attach an initiative funding plan as outlined here (definitions are outlined here to assist you):

- In no case is dual compensation allowable. Overtime costs which are the direct result of participating in Opioid grant specific activities as outlined herein. Overtime expenses are the result of personnel who worked over and above their normal schedule in the performance of activities related specifically to the allowed Opioid grant activities. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m). Fringe benefits on overtime hours are limited to local cost of NHRS, Medicare, Workers' Compensation and Unemployment Compensation.
- If utilizing part time officers, straight time will be reimbursed. Only Medicare, unemployment compensation (if applicable), workers' comp., and salary costs will be reimbursed for part time employees.

\*If additional lines are needed please attach a separate well labeled table

<i># of personnel</i>	# of hours	Overtime Rate or Part Time	Total cost	Explain assignment in brief
<b>TOTAL:</b>				



- Provide a timeline, including milestones and dates, for the implementation of this project. Possible areas for inclusion are future notable arrests and drug seizures (as supported by past statistics). Please use the following “template” for the timeline (expand as needed for your timeline up to six months):

<b>Milestone #1:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #2:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #3:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #4:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #5:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #6:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____
<b>Milestone #7:</b> (NTE 25 Words) _____	<b>Start Date:</b> _____
_____	<b>End Date:</b> _____

**V. Additional documentation and Certifications**

- A. This project requires approval from NH Department of Safety (DoS). No work can begin until DoS approval is granted, in writing, specifying a start date for eligible activities. Retroactive expenses are not covered. The intent of these funds is to make the participating municipality, agency or county whole for their participation in the program.
- B. A Memorandum of Understanding (MOU) must be signed by the local authority who can bind a contract and the Department of Safety (DOS). This MOU is subject to review and approval by the Governor and the Executive Council BEFORE work can begin.
- C. This is a reimbursement based grant program. Payroll costs will need to be validated prior to reimbursement. DOS will supply the format for this. Please follow instructions from the previous section. Drug Task Force or regionalized agency coalition participants will be reimbursed at their individual local department level.

**Department of Safety Law Enforcement Substance Abuse Reduction Initiative Program**

Non-Supplanting Certification

**Non-Supplanting Certification:** This certification, which is a required component of the New Hampshire application, affirms that grant funds will be used to **supplement** (add to) existing funds, and will not **supplant** (replace) funds that have been locally appropriated for the same purpose. Potential supplanting will be addressed in the application review as well as in the pre-award review, post award monitoring, and the audit.

Supplanting funds is loosely defined (for these purposes) as using grant money to “replace” or “take the place of” existing local funding for salary, equipment or programs. These grant funds **cannot** be used to replace routine local budget expenses.

**As a condition of the receipt of these funds:**

Funding may be suspended or terminated for filing a false certification in this application or other reports or document as part of this program. Not less than monthly statistical reports to the IAC will be required to validate statistical program progress. Additional reporting may be required at a later date to be determined.

**Certification Statement:**

**I certify that any funds awarded under the Department of Safety Law Enforcement Substance Abuse Reduction Initiative Program will be used to supplement existing funds for program activities, and will not replace (supplant) other local or funding sources for routine law enforcement activities. I understand this is a reimbursement-based grant. Municipal invoices and evidence of payment must be submitted to receive grant funds reimbursement.**

**I have further read and understand the requirements surrounding fraudulent statements and tracking of activities:**

Print Name (Authorizing Official)	***	Print Name (Program Manager/Contact)
Signature		Signature
Date		Date

\*\*\*THE AUTHORIZING OFFICIAL MUST BE STATUTORILY ALLOWED TO SIGN A CONTRACT FOR THE MUNICIPALITY (i.e. Mayor, City Manager, Town Manager, Chairperson BOS, etc.) PER RSA 31:95-b or RSA 37:6)

Send completed application to email address listed here by **October 30, 2019 by noon** to NH

Department of Safety Grants Management Unit: [HomeLandGrants@DOS.NH.GOV](mailto:HomeLandGrants@DOS.NH.GOV)

**Post application instructions:**

- Do not proceed with this project until advised in writing by the NH Department of Safety-Commissioner’s Office - Grants Management Unit of approval.
- The grant expires on **the date in your grant agreement**. Grant guidelines require that reimbursement requests be received 30 days before the expiration date for review, validation, and processing.
- Monthly invoices which will include:
  - 1) Local documentation supporting payroll related costs including timecards/payroll sheets with hours worked on this substance abuse grant project specifically identifiable. This must include officers names, and be signed by a supervisor of this event and/or payroll supervisor.
  - 2) Total amount requested to be reimbursed on municipal letterhead signed by an authorized signatory who certifies that all reimbursement amounts are correct and accurate and represent the activities and costs incurred related to this grant. Contacts with Press will be noted. Include the amount remaining in the award balance to date as stated on your MOU.
  - 3) Certification that the monthly statistical data has been submitted to the IAC.

- 4) The summary of this request must also use form DSAD 69 (rev 3/17) and DSAD 70 (rev 5/19) supplied by the Department of Safety for the overtime certification. This will include: a) Officers names b) patrol information including date, c) time and location, and signatures of authorized official.

Please send all Reimbursement Requests to:

NH Department of Safety  
Grants Management Unit- Room 208  
33 Hazen Drive  
Concord, NH 03305  
Attn: Pam Urban-Morin

603-271-7663