#### **BOROUGH OF CLAYTON**

#### **RESOLUTION 85-21**

AUTHORIZING APPROVAL TO SUBMIT A GRANT APPLICATION WITH THE STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY OFFICE OF THE ATTORNEY GENERAL FOR BODY-WORN CAMERA GRANT PROGRAM FOR THE CLAYTON POLICE DEPARTMENT

NOW, THEREFORE, BE IT RESOLVED that Mayor and Borough Council of the Borough of Clayton formally approves the grant application for the above stated project.

BE IT FURTHER RESOLVED that the Mayor and Borough Clerk are hereby authorized to sign the grant agreement on behalf of the Borough of Clayton and that their signature constitutes acceptance of the terms and conditions of the grant agreement and approves the execution of the grant agreement.

**BOROUGH OF CLAYTON** 

TOM BIANCO, Mayor

Certified as a true copy of the Resolution adopted by Borough Council On this 8<sup>th</sup> day of April, 2021

CHRISTINE NEWCOMB, Borough Clerk

# STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY OFFICE OF THE ATTORNEY GENERAL

### SFY21 BODY-WORN CAMERA GRANT PROGRAM



APPLICATION DOCUMENTS
TO BE COMPLETED AND RETURNED

# STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY OFFICE OF THE ATTORNEY GENERAL

#### SFY21 BODY-WORN CAMERA GRANT PROGRAM

#### **APPLICATION PACKAGE CHECKLIST**

APPLICANT:	Clayton Police Department
<u>INSTRUCTIONS</u> :	The Application Package Checklist is a guide for filing all required documents.  Please complete one application package and submit via e-mail to  BWCGrants@njoag.gov, by April 30, 2021.
APPLICATION:	
Applicant Info	
✓ Program App	lication Narrative
✓ Timeline of D	Peliverables

Application Authorization (Signed by Authorized Official and Project Director)

NOTE:

ALL OF THE ABOVE ITEMS ARE MANDATORY REQUIREMENTS AND APPLICATION PROCESSING WILL NOT OCCUR WITHOUT ALL DOCUMENTATION.

Police Department/Agency Name: Clayton Police Department

Address: 125 North Delsea Dr.

City: Clayton

Agency Website:

Claytonnj.com

State: NJ

Zip Code + 4: 08312-165

County: Gloucester

Federal ID Number:

(i.e., Jan, July, Oct)

January

21-6000475

Name and Title of Chief Executive/Mayor: Mayor Thomas Bianco

Street Address, City, State, Zip Code + 4: (if different from above):

125 North Delsea Dr.
Clayton, NJ 08312

Telephone: 856-881-288 Ext. Email: tbianco@claytonnj.com

Name and Title of Project Director: Chief Andrew Davis
(co-signer on financial reports)

Street Address, City, State, Zip Code + 4: (if different from above):

125 North Delsea Dr.
Clayton, NJ 08312

Telephone: 856-881-23 Ext. #4 Email: adavis@claytonnj.com

Name and Title of Contact Person:
(Person directly responsible for project operations)

Street Address, City, State, Zip Code + 4: (if different from above):
125 North Delsea Dr.
Clayton, NJ 08312

Telephone: 856-881-23 Ext. #4 Email: adavis@claytonnj.com

Name and Title of Chief Financial Officer: C.F.O. Donna Nestore
(Person who co-signs financial reports)

Street Address, City, State, Zip Code + 4: (if different from above):

125 North Delsea Dr.
Clayton, NJ 08312

Telephone: 856-881-28 Ext. Email: dnestore@claytonnj.com

## SFY21 BODY-WORN CAMERA GRANT PROGRAM APPLICATION NARRATIVE

**APPLICANT AGENCY:** 

Clayton Police Department

GOAL OF THE BODY-WORN CAMERA GRANT PROGRAM:
The Body-Worn Camera Grant Program is designed to provide law enforcement agencies with funding for the purchase of body-worn cameras, ancillary accessories and storage.
How many sworn law enforcement officers are employed by your agency (include SLEO II and SLEO III officers)? 19
How many uniformed patrol officers are employed by your agency? 16
Are all of your uniformed patrol officers equipped with Body-Worn Cameras? Yes
If not, how many do not have Body-Worn Cameras? 0
How many non-uniformed officers do you have whose duties include regular interaction with the public, including criminal suspects?
Do you believe these officers should be equipped with Body-Worn Cameras? Yes
If yes, how many? 3
Do you anticipate the need for additional Body-Worn Cameras due to new hires within the next 5 years?  Yes
If yes, how many? 3
When is the last time your agency purchased or leased Body-Worn Cameras? 8/14/2020

Given the above responses, what is the total number of Body-Worn Cameras your agency wishes to purchase with these grant funds? 24

### **Timeline of Deliverables/Milestones**

Activity Dates	Activity/Deliverable/Milestone	Person(s) Responsible	Payment
4/1/21 – 5/15/21	Complete and Return to OAG the Application and Award Documents including: Applicant Information, Application Authorization, Program Application Narrative, Timeline of Deliverables/Milestones, Award Contract, Resolution & Certification, and Conditions	Authorized Official, Project Director	20% of Award upon Execution of Contract by OAG
5/15/2021 - 12/31/2021	Purchase (6) replacement BWCs including auxilarry equipment from existing vendor. Note: Cameras being replaced are over 5 years old. In addition, replacing (1) lost camera and (1) damaged camera.  Total Camera Purchase in 2021 = (8).	Project Director	30% of Award upon submission of Purchase Order.
1/01/2022 - 12/31/2022	Purchase (6) replacement BWCs including auxilarry equipment from existing vendor. Note: Cameras being replaced are over 6 years old. In addition, purchasing (2) Cameras for expected hiring of 1-Full Time Officer and 1-SLEO-2 Officer  Total Camera Purchase in 2022 = (8)	Project Director	25% of Award upon submission of Purchase Order.
1/01/2023 - 12/31/2023	Purchase (7) replacement BWCs including auxilarry equipment from existing vendor.  Note: Cameras being replaced are over 7 years old. In addition, purchasing (1) Camera for expected hiring of (1) SLEO-2 Officer.  Total Camera Purchase in 2023 = (8)	Project Director	25% of Award upon submission of Purchase Order

#### **APPLICATION AUTHORIZATION**

Please accept this as authorization of the law enforcement agency to submit an application to, and enter into an agreement with, the Department of Law and Public Safety, Office of the Attorney General, to participate in the State's Body-Worn Camera Grant Program.

On behalf of the law enforcement agency, the undersigned certifies and agrees that:

- -The Project Director reviewed the contents of the application, it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of their knowledge and belief.
- -The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities, has sought and obtained legal advice from the Applicant's legal counsel as considered appropriate or necessary, and shall be responsible for undertaking the programs and activities described in the application.
- -As the duly authorized representative of the Applicant, I ensure that the Applicant, if successful, shall use these grant funds to carry out the project and activities specifically described in the application.
- -As the duly authorized representative of the Applicant, I am responsible for authorizing expenditures and disbursements of grant funds.
- -As the duly authorized representative of the Applicant, I ensure that the Applicant, if successful, shall comply with any and all Federal, State, municipal, statute, regulation, circular, policy or code regarding the use of these funds.
- -All grant funds shall be used exclusively for the purposes specified in the grant award.

#### This application consists of the following attachments in addition to this form:

- 1. Applicant Information Form
- 2. Program Application Narrative
- 3. Timeline of Deliverables/Milestones

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment pursuant to N.J.S.A. 2C:28-3.

Clayton Police Department		
Law Enforcement Agency Name		
Mayor Thomas Bianco		
Printed Name		
(Mayor, Chief Executive, or Authorized Official)		
	4/8/21	
Signature (Mayor, Chief Executive, or Authorized Official)	Date	
Chief Andrew Davis		
Printed Name of Project Director		
	3/31/2021	
Signature of Project Director	Date	