



STATE OF CONNECTICUT  
Office of Policy and Management

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**To:** Lynne Vanderslice, First Selectman  
238 Danbury Road  
Wilton, CT 06897

**From:** Nichole Howe, Associate Accountant

**Subject:** Grant Award Notice: 2022 JAG Local VCP Grant Program

Your application for the 2022 JAG Local VCP Grant Program has been **approved**. The amount of the grant award is \$20,000.00.

Attached please find the Notice of Grant Award and Special Conditions for your municipality's participation in the **2022 JAG Local VCP Grant Program**.

The start date of this grant is February 1, 2022 or when signed by both parties- whichever is later. The end date of this grant will be September 30, 2022 and there will be no extensions granted.

The Chief Elected Official or the Town Manager of your municipality must sign and date the following documents.

1. Notice of Grant Award
2. Assurances and Certifications

Please return the signed grant award documents to Nichole Howe at [nichole.howe@ct.gov](mailto:nichole.howe@ct.gov).

If your municipality requires approval of the local town council or board of selectman prior to receiving these grant funds, we are asking that you contact us to let us know an approximate date at which we should expect the return of the award.

If you have any further questions or concerns, please call Nichole Howe at 1-860-418-6443 or email: [nichole.howe@ct.gov](mailto:nichole.howe@ct.gov).



**STATE OF CONNECTICUT | OFFICE OF POLICY AND MANAGEMENT**  
**Criminal Justice Policy Planning Division**  
 450 Capitol Avenue | MS# #52CJP, CT 06106-1379  
**NOTICE OF GRANT AWARD**



The Office of Policy and Management, Criminal Justice Policy and Planning Division, hereby makes the following grant award in accordance with 42 U.S.C. 3750, et seq and in accordance with the Statement of Work, grant solicitation and the attached grant application, if applicable.

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| Grantee: <b>Town of Wilton</b>  |   | Town Code: <b>161</b>  |                                      |
| Street address: <b>238 Danbury Road</b>   |   | State Agency Code: <b>N/A</b>  |                                      |
| City: <b>Wilton</b>   |   | State: <b>CT</b>   | ZIP Code: <b>06897</b>               |
| Grant Program Name: <b>Justice Assistance Grant Formula Grant (JAG)</b>   |   | DUNS No. (if applicable): <b>022698500</b>                               |                                      |
| <b>OPM Grant No.: 19JAGGLE_VCP_161</b>  |   | Project Title: <b>2022 JAG Local VCP Grant Program</b>                   |                                      |
| Date of Award: <b>2/1/2022</b>  | Category (if applicable): <b>Law Enforcement</b>                    |  |                                      |
| Period of Award: (Choose one)<br>Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later).<br><input checked="" type="checkbox"/> On <b>2/1/2022</b> or after Notice of Grant Award is signed by both parties (whichever is later).<br><input type="checkbox"/> <b>Select Date</b> pursuant to <b>Enter Statutory Authority</b> (attach copy of authority w/ notice of grant award). |   |  | End Date: <b>9/30/2022</b>           |
| Amount of Award   | Federal: <b>\$20000</b>   | State: <b>\$Enter Amt. or N/A</b>  | Interest: <b>\$Enter Amt. or N/A</b> |
| State Match: <b>\$Enter Amt. or N/A</b>   | Grantee Match: <b>\$Enter Amt. or N/A</b>                           | Other: <b>\$Enter Amt. or N/A</b> Specify: <b>Enter Text Here or N/A</b> |                                      |
| Total Budget: <b>\$20000</b>  | Catalog of Federal Domestic Assistance (CFDA) Number: <b>16.738</b> |  |                                      |
| Federal Grant No.: <b>2019-DJ-BX-0039</b>   |   | Grantee Fiscal Year: From: <b>July 1</b> To: <b>June 30</b>              |                                      |

My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions.

BY: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Authorized Grantee Official  
 Lynne Vanderslice First Selectman



FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY: \_\_\_\_\_ Date \_\_\_\_\_  
 Melissa McCaw, Secretary

For OPM Business Use Only

| AMOUNT | FUND  | DEPT       | SID   | PROG  | ACCT  | CHART 1 | CHART 2 | BR YR | PROJECT           |
|--------|-------|------------|-------|-------|-------|---------|---------|-------|-------------------|
| 20000  | 12060 | OPM 20350  | 21921 | 13008 | 55050 | Enter   | Enter   | 2019  | OPM00000000 2331  |
| Enter  | Enter | OPM Select | Enter | Enter | Enter | Enter   | Enter   | Enter | OPM00000000 Enter |
| Enter  | Enter | OPM Select | Enter | Enter | Enter | Enter   | Enter   | Enter | OPM00000000 Enter |

**STATEMENT OF WORK AND GRANT AWARD BUDGET**

**ALL HIGHLIGHTED NOTES WITHIN THIS TEMPLATE, INCLUDING THIS ONE, SHOULD BE DELETED BEFORE SAVING YOUR FINAL SOW DOCUMENT**

**NAME OF GRANTEE:** [FROM NOGA] Town of Wilton

**GRANT PROGRAM NAME:** [FROM NOGA] Justice Assistance Grant Formula Grant (JAG)

**CONCISE GRANT PROGRAM SUMMARY (PROGRAM PURPOSE/INTENT/MISSION):** [To be drafted by OPM] Violent Crime Prevention

**OPM GRANT NUMBER:** [FROM NOGA] 19JAGGLE\_VCP\_161

**PROJECT TITLE:** [FROM NOGA] 2022 JAG Local VCP Grant Program

**I. INTRODUCTION**

**CONCISE PROJECT DESCRIPTION (Limited to characters):**Purchase of body worn cameras

## II. STATEMENT OF WORK

The grantee shall complete the work and/or shall purchase goods and/or services as delineated in the following table and in accordance with the below approved budget, contract terms and conditions (including, but not limited to General Grant Conditions, Special Grant Conditions, and/or other requirements which may be outlined within this document). **NOTE TO OPM GRANT MANAGERS:** The 8 items listed in the "Tasks" column below are simply examples. You may delete any and all that are not applicable.

| <b>Category (Optional): Overarching type of work (for example: planning/design/construction/reports)</b> | <b>Tasks:<br/>The individual tasks to be performed in order to accomplish the objective of the grant award.</b> | <b>Target Completion Date for Each Task (specific date or # months from contract execution date)</b> |
|--|---|--|
| <b>Equipment</b>   | Purchase of body worn cameras   | 9/30/2022  |
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**OTHER REQUIREMENTS N/A**

### III. OPM APPROVED GRANT AWARD BUDGET :

The State shall award the Grantee a total sum not to exceed \$20000 for the work performed and/or goods/services purchased, as documented and accepted by the State as outlined below. Total payments shall not exceed the total amount of the grant award stated above.

List approved grant award budget items below.

| Description    | Amount State Funding | Amount Federal Funding | Amount Interest | Amount State Match | Amount Grantee Match | Amount Other | If "Other", list source | TOTALS: |
|----------------|----------------------|------------------------|-----------------|--------------------|----------------------|--------------|-------------------------|---------|
| Equipment      |                      | 20000                  |                 |                    |                      |              |                         | 20000   |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
|                |                      |                        |                 |                    |                      |              |                         |         |
| <b>TOTALS:</b> |                      |                        |                 |                    |                      |              |                         |         |

### PAYMENT TERMS

- No payments will be made for expenditures incurred prior to the grant start date or after the grant end date unless provided for in statute or program provisions.
- Payment requests shall be submitted on OPM's approved payment request forms.
- Payment requests shall be submitted not more than N/A times per N/A and the final payment request must be received by OPM not later than 90 days after the end of the grant period.
- Payment request forms shall be completed and signed by the appropriate authorized official who has the authority to sign binding contracts for the entity.
- Other: N/A



STATE OF CONNECTICUT  
Office of Policy and Management

**Assurances and Certifications Form**

By submitting this **Assurances and Certifications Form** and filling in my name below, I hereby agree that, to the best of my knowledge, each of the **Assurances and Certifications** presented below are accurate and correct.

OPM Grant ID: 19JAGGLE\_VCP\_161

| Please check<br>YES or NO |    | Assurances and Certification   |
|---------------------------|----|--|
| YES                       | NO | <b>Federal System for Award Management (SAM):</b> I certify that the <b>Town of Wilton</b> maintains a current registration in the federal System for Award Management (SAM) database. (Recipients must review and update information at least annually to satisfy this requirement.) Additional information about registration procedures may be found at the SAM Internet site ( <a href="http://www.sam.gov">http://www.sam.gov</a> ).  |
| YES                       | NO | <b>Restrictions on Lobbying:</b> I certify that the <b>Town of Wilton</b> will not use these federal funds or any other federal funds to lobby local, state or federal agencies or individuals to change laws or try to change laws. No federally appropriated funding made available under this grant program may be used, either directly or indirectly, to support the enactment, repeal, modification or adoption of any law, regulation, or policy, at any level of government. |
| YES                       | NO | <b>Debarment:</b> I certify that the <b>Town of Wilton</b> has not been excluded, as notified in writing, from receiving federal funds by the federal Department of Justice.   |
| YES                       | NO | <b>Affirmative Action:</b> I certify that the <b>Town of Wilton</b> has an Affirmative Action policy statement and/or maintains an approved equal employment opportunity plan (EEO).   |
| YES                       | NO | <b>Adequate Financial Accounting System:</b> I certify that the <b>Town of Wilton</b> maintains an adequate financial accounting system that can provide documentation to support all receipts and expenditures and obligations of Federal funds.  |
| YES                       | NO | <b>Records Retention:</b> I certify that the <b>Town of Wilton</b> will retain all financial records, supporting documents, statistical records, and all other records pertinent to this grant award after receiving notification from the awarding agency that the award has been financially and programmatically closed until: <b>September 30, 2026.</b>   |

Signature of Authorized Signing Official

|  |              |
|--|--------------|
| Print Here                                       | Title Here   |
| <b>Printed Name:</b> Authorized Signing Official | <b>Title</b> |
| Sign Here  | Date Here    |
| <b>Signature:</b> Authorized Signing Official    | <b>Date</b>  |

