



**U.S. Department of Justice**  
**Office of Community Oriented Policing Services (COPS)**

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*Legal Division*  
*1100 Vermont Avenue, N.W.*  
*12<sup>th</sup> Floor*  
*Washington, DC 20530*  
*(202) 514-3750*  
*(202) 514-3456 (fax)*

**FACSIMILE COVER SHEET**

**DATE:** November 2, 2009  
**TO:** Ron Palmer, Chief of Police  
**COMPANY:** Tulsa Police Department  
**FAX NO.:** (918) 699-3127  
**PHONE NO.:** (918) 596-1302  
**FROM:** Jonya Wagner [(202) 616-9781]

TOTAL NUMBER OF PAGES 2 (INCLUDING COVER SHEET)

**MESSAGE:**

Please deliver to the above named recipient as soon as possible.

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Via Facsimile: (918) 699-3127  
(Fax Number)

Attention: Chief Ron Palmer, Tulsa Police Department  
(Law Enforcement Agency Name, Executive Name)

**APPROVAL NOTIFICATION**  
**COPS Hiring Recovery Program Award Modification Request**  
**Post-Application Lay-offs**

This document is to confirm that your agency's request to modify your COPS Hiring Recovery Program (CHRP) grant to move funding into the category of *Rehiring Officers Laid Off Post-Application* is approved and your agency may now move funding into this rehiring category. This approval is based on the documents your agency provided to demonstrate that the lay-off(s) occurred for reasons unrelated to the receipt of CHRP funding and your Law Enforcement Executive's certifications that:

(1) the lay-offs would have occurred even in the absence of the CHRP grant because of local financial reasons (as documented in your request);

(2) your agency will use CHRP funds to rehire the laid off officers only on or after the scheduled lay-off date (and therefore will use its budgeted local funds to continue employing the officers up until the lay-off); and

(3) your agency recognizes that CHRP funding is based on your entry-level salary and benefit package, as approved in your final CHRP application (a copy of your application may be found at [www.cops.usdoj.gov/Default.asp?Item=2208](http://www.cops.usdoj.gov/Default.asp?Item=2208)) and any additional costs beyond entry-level for the rehired officers must be paid by your agency with other sources of funding.

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- 1. Agency Name: **Tulsa Police Department**
- 2. Agency ORI: **OKO7205**
- 3. Agency Law Enforcement Executive: **Ron Palmer, Chief of Police**
- 4. Agency Fax Number: **(918) 699-3127**
- 5. Number of CHRP Positions to be modified into this category: **18**
- 6. Category where these modified positions were originally awarded:  
 New Hires (# of positions to be modified: **18**)  
 Rehires (laid off prior to application) (# of positions to be modified: \_\_\_\_\_)
- 7 Date(s) of Post-Application Lay-off(s): **November 3, 2009**

Please note that your agency will receive a new Award Document in the near future which reflects this modification. Please review the Award Document carefully, then sign and return it to the COPS Office. Your agency will have 90 days from the date mentioned in your modified award materials to officially accept your award, or request additional time to do so.

**MODIFICATION APPROVED BY COPS OFFICE LEGAL DIVISION**

Attorney Name : **Jonya E. Wagner**  
Contact Number\*: **(202) 616-9781**  
Date: **November 2, 2009**

\*Please contact the COPS Office Legal Division at the contact number listed if you have any questions regarding this modification approval.

**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____

3. Date Received :	4. Applicant Identifier:
3/17/2009	OK07205

5a. Federal Entity Identifier:	5a. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Tulsa Police Department
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b. Employer/Taxpayer Identification Number (EIN/TIN): 736005470	c. Organizational DUNS: 078662251
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**d. Address:**

Street 1:	600 Civic Center
Street 2:	
City:	Tulsa
County:	
State:	OK
Province:	
Country:	
Zip / Postal Code:	74103

**e. Organizational Unit:**

Department Name:	Division Name:
City of Tulsa	Tulsa Police Department

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:	
First Name:	Arthur
Middle Name:	
Last Name:	Surratt
Suffix:	

Title:	Corporal
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Organizational Affiliation:	Tulsa Police Department
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Telephone Number:	9185961302	Fax Number:	9186993127
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Email:	asurratt@ci.tulsa.ok.us
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3 of 6

**9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Tulsa

**15. Descriptive Title of Applicant's Project:**

COPS Hiring Recovery Program

**16. Congressional Districts Of:**

a. Applicant: 1

b. Program/Project: 1

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 13048049

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 13048049

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)** Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: First Name: Kathy

Middle Name:

Last Name: Taylor

Suffix:

Title: Mayor

Telephone Number: 9185967411

Fax Number:

Email: ktaylor@ci.tulsa.ok.us

Signature (Typed Name) of Authorized Representative: Kathy Taylor

Date Signed: 3/24/2009

**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

6 of 6