



Date: January 14, 2025

To: Honorable Mayor and Members of the City Council

From: Jay Hart, Chief of Police

By: Kent Sentinella, Sr. Administrative Analyst | KSentinella@TorranceCA.gov

Subject: Police – Approve Fiscal Year (FY) 2023-24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program Application. Expenditure: None.

RECOMMENDATION

Recommendation of the Chief of Police that City Council approve the Fiscal Year (FY) 2023-24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program application.

FUNDING

None required.

DISCUSSION

The City of Torrance is eligible for federal grant funding in the amount of \$20,938 through the Fiscal Year 2023-24 (FY 2024) Edward Byrne Memorial JAG Program. It is a grant requirement that the application be made available for both a jurisdiction's governing body review, as well as public comment. The Edward Byrne Memorial JAG Program provides funds to states, tribes, and local governments to support a broad range of activities to prevent and control crime based on their own local needs and conditions. JAG funding can be used for technical assistance, training, personnel, equipment, supplies, contractual support, and information systems for criminal justice that will improve or enhance:

- Law enforcement programs
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs
- Drug treatment and enforcement programs
- Planning, evaluation, and technology improvement programs
- Crime victim and witness programs (other than compensation)
- Mental health programs and related law enforcement and corrections programs

The Torrance Police Department (TPD) proposes that JAG funds be allocated to support the acquisition of a Utility Task Vehicle (UTV) for field deployment. The acquisition of a UTV would allow the Department to more efficiently respond to emergencies as well as serve community

members who frequent remote areas of the City. The City of Torrance has a unique geography that includes a wildland interface, a beach, and miles of inactive railroad tracks.

All of these areas have rugged terrain which hinders police response when in traditional police vehicles. Additionally, the increasing frequency of unruly mass gatherings and organized retail thefts at commercial centers, as well as persistent vandalism, trespassing and unsafe encampments occurring along railroad tracks, interstate ingress/egresses, and public parks warrants a diversification in tools to meet community safety expectations.

Per Department of Justice (DOJ) mandates, federal grant funding of a UTV is contingent upon DOJ's certification of the City's intended use of the UTV. In the event, the City's UTV use certification request is unsuccessful, the available JAG award will instead be leveraged as supplemental funding for the Police Cadet program which provides Police Department work experience to college students interested in pursuing a career in law enforcement.

ATTACHMENT

1. 2024 Edward Byrne Memorial JAG Program Application

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Torrance

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000803

* c. UEI:

KHYHV4NCNKC8

d. Address:

* Street1:

3031 Torrance Blvd

Street2:

* City:

Torrance

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90503-5015

e. Organizational Unit:

Department Name:

Police Department

Division Name:

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

Prefix:

Mr.

* First Name:

Kent

Middle Name:

* Last Name:

Sentinella

Suffix:

Title: Sr. Administrative Analyst

Organizational Affiliation:

* Telephone Number:

(310) 618-5677

Fax Number:

* Email:

ksentinella@torranceca.gov

Application for Federal Assistance SF-424*** 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:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

| | |
|--|---|
| Application for Federal Assistance SF-424 | |
| 16. Congressional Districts Of: | |
| * a. Applicant | CA-043 |
| * b. Program/Project | CA-043 |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| <input type="text"/> | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 17. Proposed Project: | |
| * a. Start Date: | 10/01/2023 |
| * b. End Date: | 09/30/2025 |
| 18. Estimated Funding (\$): | |
| * a. Federal | 20,938.00 |
| * b. Applicant | 44,327.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 65,265.00 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 10/11/2024 . | |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If "Yes", provide explanation and attach | |
| <input type="text"/> | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 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 18, Section 1001) | |
| <input checked="" type="checkbox"/> ** I AGREE | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| Authorized Representative: | |
| Prefix: | Mr. |
| * First Name: | Aram |
| Middle Name: | |
| * Last Name: | Chaparyan |
| Suffix: | |
| * Title: | City Manager |
| * Telephone Number: | (310) 618-5880 |
| Fax Number: | |
| * Email: | achaparyan@TorranceCA.gov |
| * Signature of Authorized Representative: | Completed by Grants.gov upon submission. |
| * Date Signed: | Completed by Grants.gov upon submission. |