



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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> City of Torrance		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 956000803	* c. UEI: <input type="text"/> KHVHV4NCNKC8	
d. Address:		
* Street1: <input type="text"/> 3031 Torrance Blvd	Street2: <input type="text"/>	
* City: <input type="text"/> Torrance	County/Parish: <input type="text"/>	
* State: <input type="text"/> CA: California	Province: <input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	* Zip / Postal Code: <input type="text"/> 90503-5015	
e. Organizational Unit:		
Department Name: <input type="text"/> Police Department	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Mr.	* First Name: <input type="text"/> Kent	
Middle Name: <input type="text"/>	* Last Name: <input type="text"/> Sentinella	
Suffix: <input type="text"/>	Title: <input type="text"/> Sr. Administrative Analyst	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/> (310) 618-5677	Fax Number: <input type="text"/>	
* Email: <input type="text"/> ksentinella@torranceca.gov		

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.738

CFDA Title:

Edward Byrne Memorial Justice Assistance Grant Program

*** 12. Funding Opportunity Number:**

O-BJA-2024-172239

* Title:

BJA FY 24 Edward Byrne Memorial Justice Assistance Grant (JAG) Program- Local Solicitation

13. Competition Identification Number:

C-BJA-2024-00091-PROD

Title:

Category 1- Applicants with eligible allocation amounts of less than \$25,000

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

Torrance Police Utility Task Vehicle (UTV)

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="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="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.