NOMINATION COVER SHEET

ANNUAL GOVERNOR'S CRIME PREVENTION AWARDS

CATEGORY A

Governor's Crime Prevention Award for Law Enforcement Agencies

Department:

Address:

Phone:

Agency/Department Head:

Person to Contact Regarding Nomination(s)

Name & Title:

Phone:

Email:

Number of Nominations Submitted in this Category A: _____

_____

Signature of Agency / Department Head & Date

2016

CATEGORY A

GOVERNOR'S CRIME PREVENTION AWARD FOR LAW ENFORCEMENT AGENCIES

Purpose: To recognize those departments who have incorporated an overall outstanding crime prevention program as an integral part of their overall Community Policing Initiative in their daily operations.

Eligibility: Any law enforcement agency in Maryland. There is no limit on the number of agencies that can receive this award.

NOMINATIONS UNDER THIS CATEGORY MUST BE FOR ACTIVITIES PERFORMED DURING THE PERIOD JULY 1, 2015 THROUGH JUNE 30, 2016.

Instructions: Complete this form in a concise manner, emphasizing key points. Include statistics or endorsements that substantiate the effectiveness of the effort. All information must be verifiable upon request.

Please keep in mind when completing this form that it is the **SOLE** basis of the award. **IF ANY NECESSARY INFORMATION IS OMITTED, THE NOMINATION WILL NOT BE CONSIDERED.** If necessary, use additional pages to complete the narrative and attach to the nomination form. Please type all information.

A TOTAL OF ONE (1) HARD COPY AND ONE (1) ELECTRONIC COPY MUST BE SUBMITTED AND THE NOMINATION MUST FOLLOW THE FORMAT PROVIDED.

I. Supply Nominee Information.

Department Name:

Department Head:

Address:

Phone:

Community served: Size in sq. miles: _____
Population size:_____

Number of sworn personnel in department: _____

Number of crime prevention personnel: Full-Time _____
Part-Time _____

If your department does not have a full-time crime prevention officer, please describe how crime prevention is coordinated within your agency:

Is your department a past recipient of a Category A award? _____ If yes, please indicate in which year(s) your department has won:_____

II. Supply information on how your department fulfilled each of the following six criteria. NOTE: If you do not participate in any one or more of the six criteria, please refer to the Substitute Program Information sheet for consideration of different programs.

1. Participation in programs identified by the Maryland Community Crime Prevention Institute. (NOTE: This list may be expanded from year to year as the Institute's programs expand.)

Personal Security Program - must include at a minimum personal protection, rape and sexual assault, crimes against the elderly (fraud and cons), crimes against children, and drug abuse prevention programs.

a. Personal Protection such as: motor vehicle safety and theft, prevention of purse snatching, street robbery, cell phone theft, cyber security, homeland security and assault

Number of presentations during July 1, 2015 through June 30, 2016 _____

Number of people attending presentations _____

Provide a description of the overall Personal Protection program during the period July 1, 2015 through June 30, 2016:

b. Rape, Sexual Assault, and Human Trafficking

Number of presentations during July 1, 2015 through June 30, 2016 _____

Number of people attending presentations _____

Provide a description of the overall program during the period July 1, 2015 through June 30, 2016:

c. Elderly Crime Prevention Programs

Number of presentations during July 1, 2015 through June 30, 2016 _____

Number of people attending presentations _____

Provide a description of the overall program during the period July 1, 2015 through June 30, 2016:

d. Youth Crime Prevention Programs

Number of presentations during July 1, 2015 through June 30, 2016 _____

Number of people attending presentations _____

Provide a description of the overall program during the period July 1, 2015 through June 30, 2016:

e. Drug Abuse Prevention Programs

Number of presentations during July 1, 2015 through June 30, 2016 _____

Number of people attending presentations _____

Provide a description of the overall program during the period July 1, 2015 through June 30, 2016:

Residential Security Program - Must include at a minimum Operation

Identification, Neighborhood Watch and/or Citizens on Patrol, and Security Surveys (surveys may be a locally used format).

1) Number of residential presentations during July 1, 2015 through June 30, 2016 _____
2) Number of people attending presentations _____
3) Number of people enrolled in Operation ID _____
4) Number of people enrolled in Neighborhood Watch _____
5) Number of residents having security surveys done _____

Provide a description of how you implement your Residential Security Program:

Commercial Security Program (may include schools)- Must include at a minimum commercial security surveys (may use a local format), and employee/employer commercial security training, such as Risk Management, Employee Theft, Employee Safety.

1) Number of commercial security surveys performed during July 1, 2015 through June 30, 2016 _____
2) Number of commercial security presentations during July 1, 2015 through June 30, 2016 _____
3) Number of people attending presentations _____

Describe how you implement your Commercial Security Program:

2. Involvement of patrol officers (officers not assigned to full-time crime prevention duties) in residential/commercial security surveys and referrals.

   a. Describe how your department involves these officers in promoting, performing, and referring security surveys, specifying the number of officers involved.

3. Crime Prevention Training

a. What is your department's provision for recruit and/or in-service, and/or specialized training (such as National Crime Prevention Institute, National Crime Prevention Council, Maryland Crime Prevention Association, Maryland Community Crime Prevention Institute, local/regional crime prevention schools, etc.)?

b. Did your department provide crime prevention training this year?
Yes _____ No _____

If yes, please describe. If not, why not?

c. Did any of your officers receive crime prevention training this year?
Yes _____ No _____

If yes, please describe. If not, why not?

4. Crime Prevention Public Information/Media Activities

a. Describe your crime prevention public information program. Give specific examples (e.g., name(s) of newspapers publicizing events, TV/radio talk shows, and social media involved, etc.) that occurred during the time period of July 1, 2015 through June 30, 2016.

5. Officer and Citizen Recognition Program for Crime Prevention Activity.

a. Describe how officers and citizens are recognized **by your department**. List one or more **specific** examples of such recognition (formal or informal) during the period of July 1, 2015 through June 30, 2016. Include dates for each recognition listed. **PLEASE NOTE: DEPARTMENTAL RECOGNITION MUST BE CITED; OTHERWISE, THE NOMINATION WILL BE DISQUALIFIED.**

6. Support of the National Crime Prevention "McGruff" Campaign

   a. Describe how your department meets this requirement (e.g., use of McGruff character in departmental crime prevention literature, distribution of national McGruff literature, use of McGruff costume, etc.). Cite specific examples of use of McGruff at schools, community events, etc. and provide estimated numbers of people attending during the period of July 1, 2015 through June 30, 2016.

Substitute Program Information

In order to be considered under Category A, departments who by the nature of their responsibility are not involved in any one or more of the preceding programs must submit the following information for each program not addressed. Please use photocopies of these sheets if your department is substituting for more than one program.

1. Name of Substitute Program:

2. Maryland Community Crime Prevention Institute program for which the substitute is being provided:

3. Explanation of why your department is not involved in the above program:

4. Substitute Program Description:

APPLICATIONS MUST BE RECEIVED BY AUGUST 15, 2016. PLEASE SEND ONE (1) HARD COPY OF THIS APPLICATION TO THE ADDRESS BELOW, AND EMAIL (1) ELCTRONIC COPY TO THE BELOW EMAIL ADDRESS.

SEND TO: Maryland Community Crime Prevention Institute
Police and Correctional Training Commissions
6852 4th Street
Sykesville, MD 21784

EMAIL TO: claude.nelson@maryland.gov

If you have any questions, please call the Maryland Community Crime Prevention Institute at 410-875-3426 or 410-875-3403.