

# FY25 Law Enforcement Mental Health and Wellness Act (LEMHWA) Grant Program Required Application Questions

## FY25 LEMHWA Grants Elig

### 1. Applicant Eligibility

- Type of Agency (select one)
- From the list below, please select the type of agency which best describes the applicant.
  - Law Enforcement Entities
  - If yes, is your agency in compliance with 8 U.S.C. §1373, which provides that State and local government entities may not prohibit, or in any way restrict, any government entity or official from sending to, receiving from, maintaining, or exchanging information regarding citizenship or immigration status, lawful or unlawful, of any individual with components of the U.S. Department of Homeland Security or any other federal, state or local government entity? This includes any prohibitions or restrictions imposed or established by a State or local government entity or official. For additional information, please see the appendices in the FY25 Resource Guide for CPA Programs.

A law enforcement agency is established and operational if the jurisdiction has passed authorizing legislation and it has a current operating budget.

- Based on this definition, is your agency established and currently operational?

An agency with primary law enforcement authority is defined as the first responder to calls for service for all types of criminal incidents within its jurisdiction. Agencies are not considered to have primary law enforcement authority if they only respond to or investigate specific type(s) of crime(s), respond to or investigate crimes within a correctional institution, serve warrants, provide courthouse security, transport prisoners, have cases referred to them for investigation or investigational support, or only some combination of these.

- Based on this definition, does your agency have primary law enforcement authority? [Or, if contracting to receive services, does the agency that will be providing law enforcement services?]
- Did your agency receive LEMHWA funding in 2023?
- Did your agency receive LEMHWA funding in 2024?

# FY25 LEMHWA Grants App Quest

## 2. Agency Demographics

- Please indicate if your jurisdiction is primarily considered rural, urban, or suburban.
- Please indicate the size of your agency
- Number of actual sworn officers employed by your agency as of the date of this application. The actual number of sworn officer positions is the actual number of sworn positions employed by your agency as of the date of this application. Do not include funded but currently vacant positions or unpaid positions.
  - Part-Time:
  - Full-Time:
- Number of budgeted civilian positions employed by your agency as of the date of this application.
  - Part-Time:
  - Full-Time:

## 3. Agency Need and Current Funding

- All applicants are required to explain their inability to address the need for this award without federal assistance. Please do so in the space below.  
[Please limit your response to a maximum of 1,000 characters.]
- Do you have any current, active non-COPS Office award with any other federal funding source (e.g., direct federal funding or indirect federal funding through state subawarded federal funds) that supports the same or similar activities or services as being proposed in this COPS Office application?
  - If Yes, for each potentially duplicative non-COPS Office award, provide the following detailed information: name of federal awarding agency, or state agency for subawarded federal funding; award number; program name; award start and end dates; award amount; and description of how this project differs from the application for COPS office funding.

- Do you have any pending non–COPS Office grant applications with any other federal funding source (e.g., direct federal funding or indirect federal funding through state subawarded federal funds) that support the same or similar activities or services as being proposed in this COPS Office application?
  - If Yes, for each potentially duplicative non–COPS Office grant application, provide the following detailed information: application number (if known); program name; project length; total requested amount; items requested; and describe how this project differs from the application for COPS Office funding.

#### **4. Agency Mental Health Related Data Collection**

- Does your agency collect data on the number of officer suicides in your agency?
- In the past 12 months, how many officer suicides have you recorded in your agency?
- Does your agency have a suicide prevention training program?
- Does your agency track officers that have been exposed to ‘critical incidents’ such as murder, suicide, and domestic violence?

#### **5. Current Efforts and Proposed LEMHWA Program**

##### **CURRENT EFFORTS**

##### **Existing Mental Health and Wellness Policies and Procedures**

- Please select the **existing mental health and wellness related policies and procedures** currently employed by your agency. Select all that apply.
  - Early Intervention Systems
  - Routine Mental Health Screenings
  - Mandated Critical Incident De-briefings
  - Post-Incident Psychological Evaluations
  - Mandated Rest Periods
  - Flexible Shifts and Post-Trauma Leave Options
  - Trauma-Informed Leadership
  - Suicide Prevention Policies
  - Support for Substance Use Disorders

### Existing Mental Health and Wellness Programming

- Please select the **existing mental health and wellness programming** your agency currently provides. Select all that apply
  - Employee Assistance Programs
  - Counseling/Clinical Services (does not include sports psychologists or life coaches)
  - Peer Support Services/Training
  - Non-Clinical Therapeutic Programming (services in partnership with a mental health professional)
  - Suicide Prevention Services/Training
  - Stress Management and Resilience Services/Training
  - Chaplaincy/Spiritual Services/Support
  - Critical Incident Stress Management (CISM) Teams/Training
  - Family Support Services/Training
  - Trauma-Informed Leadership Training
  - Financial Literacy Services/Training
  - Retirement Readiness Services
  - Dietician/Nutrition Services
  - Yoga/Mindfulness Instruction
  - Mental Health Technology and Software

### PROPOSED LEMHWA PROGRAM

#### Program Focus

- LEMHWA funding must be used for new programming or to expand on existing mental health and wellness efforts. From the list below, please select the specific activities or services that your agency would implement or provide if awarded funding. Please choose the option that best fits the purpose of your project. You may select more than one focus area to address through this award funding. **Selection(s) below must be detailed in the program focus section of the "Proposed LEMHWA Program - Additional Details" application component below, and included in your program budget as validation for your selection(s). Failure to do so will negatively impact the final score of your application.**
  - Employee Assistance Programs
  - Peer Support Services/Training
  - Counseling/Clinical Services (does not include sports psychologists or life coaches)

- Non-Clinical Therapeutic Programming (services must be provided by a mental health professional)
- Suicide Prevention Services/Training
- Stress Management and Resilience Services/Training
- Chaplaincy/Spiritual Services/Support
- Critical Incident Stress Management (CISM) Teams/Training
- Family Support Services/Training
- Trauma-Informed Leadership Training
- Financial Literacy Services/Training
- Retirement Readiness Services
- Dietician/Nutrition Services
- Yoga/Mindfulness Instruction
- Mental Health Technology and Software

#### **Program Impact**

- Please indicate which of the following components will be included to increase the reach and impact of your proposed LEMHWA program. Please check all that apply. **Selection(s) below must be detailed in the program impact section of the "Proposed LEMHWA Program - Additional Details" application component, and included in your program budget (when applicable) as validation for your selection(s). Failure to do so will negatively impact the final score of your application.**
  - **Multi-Jurisdictional Partnerships** – projects that incorporate multiple agencies and/or include regional partnerships to increase services and coordination to provide services to other agencies in the field.
  - **Sworn and Non-Sworn Services**- projects that offers both sworn and non-sworn mental health and wellness programming
  - **Family Support Services**- projects that offers mental health wellness programming for families of sworn and non-sworn personnel.
  - **Participant Confidentiality**- projects that includes appropriate steps to ensure confidentiality of participants and service recipients
  - **Leadership Support for Project**– projects that demonstrate leadership support to increase reach and impact of program
  - **Evaluation Plan**- projects that identifies specific program outcomes and includes a plan to track or measure the success of the program.

- Explain how the proposed activities address a specific public safety need. (max 125 words)
- Explain how the proposed activities will be utilized to reorient any affected law enforcement agency's mission toward community-oriented policing or enhance its involvement in or commitment to community-oriented policing. (max 125 words)
- To what extent is there community support in your jurisdiction for implementing the proposed community policing strategy?
- If awarded funds, to what extent will the community policing strategy impact the other components of the criminal justice system in your jurisdiction?

## **Program Implementation**

### Partnerships

- Identify any current governmental, community or agency initiatives that complement or will be coordinated with the proposed activities. (max 125 words words)
- Identify any key community or other stakeholder partnerships (community groups, private and/or public agencies) that will play a role in the implementation of the proposed activities. (max 125 words)
- Describe the strategy to consult with any community groups and appropriate private and public agencies in the implementation of the proposed activities. (max 125 words)
- Name the most important external groups/organizations that your agency will initiate or enhance a partnership to support your proposed program (maximum of three partners). Note: you may attach optional letters of this support from any or all of these prospective partners. You will be limited to listing no more than three partners.

Partner Name1:

For this partner, please indicate the statement that best characterizes this partner:

- ☐ Local government agency (non-law enforcement, e.g., probation/parole, parks and recreation, code enforcement)
- ☐ Community based organization (e.g., faith based, community redevelopment groups, social service providers, resident associations)
- ☐ Business operating in the community
- ☐ Tribal law enforcement agency
- ☐ Federal, state, or local law enforcement agency (non-tribal) including through multi-jurisdictional/regional partnerships
- ☐ Local educational institution (schools/colleges/universities)
- ☐ Individual stakeholders (persons residing, working, or with an interest in the community or problem)

Partner Name2:

For this partner, please indicate the statement that best characterizes this partner:

- Local government agency (non-law enforcement, e.g., probation/parole, parks and recreation, code enforcement)
- Community based organization (e.g., faith based, community redevelopment groups, social service providers, resident associations)
- Business operating in the community
- Tribal law enforcement agency
- Federal, state, or local law enforcement agency (non-tribal) including through multi-jurisdictional/regional partnerships
- Local educational institution (schools/colleges/universities)
- Individual stakeholders (persons residing, working, or with an interest in the community or problem)

Partner Name3:

For this partner, please indicate the statement that best characterizes this partner:

- Local government agency (non-law enforcement, e.g., probation/parole, parks and recreation, code enforcement)
- Community based organization (e.g., faith based, community redevelopment groups, social service providers, resident associations)
- Business operating in the community
- Tribal law enforcement agency
- Federal, state, or local law enforcement agency (non-tribal) including through multi-jurisdictional/regional partnerships
- Local educational institution (schools/colleges/universities)
- Individual stakeholders (persons residing, working, or with an interest in the community or problem)

## Marketing

- From the list below, please select the marketing strategies you plan to implement to raise awareness of your proposed program. Please select all that apply.
  - **Internal Communication** (i.e. poster, flyers, email newsletters)
  - **External Promotion for Families** (i.e. use of social media channels to promote available family services)
  - **Leadership Promotion and Peer Advocacy** (i.e. senior leadership “importance of mental health and wellness” discussion with rank and file, Peer or Wellness champions, share officers’ success stories who’ve benefited from wellness initiatives)
  - **Use of Technology and Apps** (i.e. marketing through wellness and resource apps, promotion through informational webinars)
  - **Wellness Stations or Centers** (i.e. dedicated wellness spaces or wellness hours for staff)
  - **Confidentiality and Anonymity Emphasis** (stress confidentiality of programming, advertisement of anonymous mental health resources like hotlines, apps and virtual counseling sessions)
  - **Agency Incentives and Camaraderie Challenges** (i.e. earn rewards and create comradery through agency and unity wellness challenges)

## **Program Sustainability**

- Does your agency or organization plan to obtain necessary support and continue the program, project, or activity following the conclusion of federal support?
- Please identify the source(s) of funding that your agency plans to utilize to continue the program, project, or activity following the conclusion of federal support:
  - General funds
  - Issue bonds or raise taxes
  - Private sources and donations
  - Non-federal asset forfeiture funds (subject to approval from the state or local oversight agency)
  - State, local, or other non-federal grant funding
  - Fundraising efforts
  - Other
- If “other” is selected in the above question, please provide a brief description of the source(s) of funding.



## **6. Proposed LEMHWA Program - Additional Details**

### **Program Focus**

- Please describe the specific activities or services that your agency would implement or provide if awarded LEMHWA funding. (max 125 words)

### **Program Impact**

- Please describe your program deliverable(s) and what specific outcomes your agency expects to accomplish with this funding and how will the project team track or measure them? The information you collect should demonstrate the viability of the project and the need for continued funding (e.g., internal survey(s) of work-related stress, job satisfaction, etc., community survey(s) of topics such as trust in or satisfaction with the agency, change in rates of use of force, number of people using services, or other—please describe). (max 125 words)

### **Program Implementation**

- Please describe the overall management and implementation plan for the project. This should include the key team members from your agency and any community or stakeholder partnerships (community groups, private or public agencies) who will support this project. Applicants must detail the capacity of the agency and partners who will carry out the proposed activities. Please describe how the agency will ensure appropriate confidentiality for participants and service recipients. Where applicable, please provide evidence that providers are appropriately licensed or certified; and that clinicians are certified mental health providers. Applicant should include résumés or vitae for key program staff and any contracted clinicians and/or mental health providers. Please Note: A timeline of project deliverables, activities and who will complete the activities, and milestones will need to be uploaded in the “Additional Application Components” section. (max 125 words)

### **Program Sustainability**

- Please describe how your proposed LEMHWA program will be sustained once the award ends. (max 125 words)

## **7. Cooperation with Federal Immigration Officials**

- Priority consideration will be given to state or local law enforcement applicants that cooperate with federal immigration officials through the following activities:
  - A Memorandum of Agreement between your law enforcement agency and the U.S. Department of Homeland Security (“DHS”) under 8 U.S.C. § 1357(g)(1) where officers are delegated limited immigration officer authority to identify and process for removal aliens in your custody under the direction and supervision of DHS.
  - A law enforcement agency that operates a detention or correctional facility in which individuals are fingerprinted and detained for periods of 24 hours or longer; and your governing body has or will implement policies and/or practices that ensure: (1) the U.S. Department of Homeland Security (“DHS”) personnel have access to correctional or detention facilities in order to meet with an alien (or an individual believed to be an alien) and inquire as to his or her right to be or to remain in the United States; and (2) DHS is provided upon request at least 48 hours advance notice, where possible, of an alien’s scheduled release date and time so that DHS may take custody of the alien.
- Check the boxes below that apply to your agency.
  - My agency is a state or local law enforcement agency that has a Memorandum of Agreement with the U.S. Department of Homeland Security (“DHS”) under 8 U.S.C. § 1357(g)(1) and our officers are delegated limited immigration officer authority to identify and process for removal aliens in our custody under the direction and supervision of DHS.
  - My agency is a state or local law enforcement agency that operates a detention or correctional facility in which individuals are fingerprinted and detained for periods of 24 hours or longer; and our governing body has implemented or, before drawing down grant funds if awarded, will implement policies and/or practices that ensure: (1) the U.S. Department of Homeland Security (“DHS”) personnel have access to correctional or detention facilities in order to meet with an alien (or an individual believed to be an alien) and inquire as to his or her right to be or to remain in the United States; and (2) DHS is provided upon request at least 48 hours advance notice, where possible, of an alien’s scheduled release date and time so that DHS may take custody of the alien.

## 8. CPA Information

### Youth-Centered Project

Instructions: For the purposes of this solicitation, please select “yes” if a purpose of some or all of the activities to be carried out under the award (whether by the recipient or a subrecipient at any tier) is to benefit a set of individuals under 18 years of age. NOTE: A special award condition will apply to all youth-centered awards. This condition will require recipients and subrecipients to make determinations of suitability before certain covered individuals interact with participating minors under the age of 18 years old in the course of activities funded under the award.

- Could any activities under your project involve interactions with minors under the age of 18 years?

Instructions: The COPS Office defines training as the teaching and learning activities carried out for the primary purpose of helping members of an organization other than your own acquire and apply the knowledge, skills, abilities, and attitudes needed by a particular job or organization. Training is driven by specific goals and objectives; it is not a single event but rather an ongoing process that requires continuous self-reflection and evaluation. Guides, webinars, articles, conference presentations, toolkits, podcasts, videos, blogs, and news feeds (to provide a few examples) can serve as support material in trainings or as standalone materials to increase knowledge, but on their own they are not defined as training by the COPS Office. Please select “yes” if any part of your project fits within the definition of training or “no” if no portion of your project fits within the definition of training.

- Could any portion of your project be considered training?

## 9. Executive and Contact Information

- Please select your U.S. Attorney’s District Office from the below drop-down options.

Please provide the name and contact information for the highest-ranking Law Enforcement or Program Official and Government Executive or Financial Official for your agency or organization, please see instructions below.

### LAW ENFORCEMENT EXECUTIVE/PROGRAM OFFICIAL

**This position will ultimately be responsible for the programmatic management of the award.**

Instructions for Law Enforcement Agencies:

For law enforcement agencies, the Law Enforcement Executive is the highest-ranking official in the jurisdiction (Chief of Police, Sheriff, or equivalent). Before this application can be submitted, the Entity Administrator in JustGrants must invite this individual to apply for a JustGrants account with the role of Authorized Representative, and this individual must log in to JustGrants to review the application.

#### Instructions for Non–Law Enforcement Agencies:

For non-law enforcement agencies (e.g., institutions of higher education, school districts, private organizations, etc.), the Program Official is the highest-ranking official in the jurisdiction (e.g., executive director, chief executive officer, or equivalent). Please note that information for non-executive positions (e.g., clerks, trustees) is not acceptable. Before this application can be submitted, the Entity Administrator in JustGrants must invite this individual to apply for a JustGrants account with the role of Authorized Representative, and this individual must log in to JustGrants to review the application.

- Title:
- First name:
- Last name:
- Phone:
- Email address:

#### **GOVERNMENT EXECUTIVE/FINANCIAL OFFICIAL**

**This position will ultimately be responsible for the financial management of the award.**

#### Instructions for Government Agencies:

For law enforcement agencies, this is the highest-ranking government official within your jurisdiction (e.g., Superintendent, Mayor, City Administrator, or equivalent). Before this application can be submitted, the Entity Administrator in JustGrants must invite this individual to apply for a JustGrants account with the role of Authorized Representative, and this individual must log in to JustGrants to review the application.

#### Instructions for Non-Government Agencies:

For non–law enforcement agencies, this is the financial official who has the authority to apply for this award on behalf of the applicant agency (e.g., Chief Financial Officer, Treasurer, or equivalent). Please note that information for non-executive positions (e.g., clerks, trustees) is not acceptable. Before this application can be submitted, the Entity Administrator in JustGrants must invite this individual to apply for a JustGrants account with the role of Authorized Representative, and this individual must log in to JustGrants to review the application.

- Title:
- First name:
- Last name:
- Phone:
- Email address:

#### Instructions for Application Submitter Contact:

Enter the application point of contact's name and contact information.

- Title:
- First name:
- Last name:
- Phone:
- Email address:

#### **10. Certifications and Acknowledgement of Electronic Signatures**

##### **CERTIFICATION OF REVIEW OF 28 C.F.R. PART 23/CRIMINAL INTELLIGENCE SYSTEMS:**

If your agency is requesting COPS Office funds for equipment or technology that will be used to operate an interjurisdictional criminal intelligence system that receives, stores, analyzes, exchanges, or disseminates data regarding ongoing criminal activities, you must agree to comply with the operating principles at 28 C.F.R Part 23.

If you are requesting COPS Office funds to operate a single agency database (or other unrelated forms of technology) and will not share criminal intelligence data with other jurisdictions, 28 C.F.R. Part 23 does not apply. Please review the FY25 Resource Guide for CPA Programs.

- Please check one of the following, as applicable to your agency's intended use of COPS Office funds:
  - No, my agency will not use these COPS Office funds (if awarded) to operate an interjurisdictional criminal intelligence system.
  - Yes, my agency will use these COPS Office funds (if awarded) to operate an interjurisdictional criminal intelligence system and will comply with the requirements of 28 C.F.R. Part 23.

##### **CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE:**

- By checking the box, the applicant indicates he or she understands that: 1. the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Office Grant Application Resource Guide, the COPS Office Award Owner's Manual, the DOJ Grants Financial Guide, Assurances, Certifications, all Executive Orders, and applicable Presidential Memoranda, program regulations, laws, orders, and circulars; 2. the applicant understands that as a general rule COPS Office funding may not be used for the same item or service funded through another funding source; and 3. the applicant and any required or identified official partner(s) listed in this application mutually agreed to this partnership prior to submission.

**ACKNOWLEDGEMENT OF ELECTRONIC SIGNATURES:**

- By checking the box, the applicant indicates that he or she understands that the use of typed names in this application and the required forms, including the Assurances, Certifications, and Disclosure of Lobbying Activities form, constitute electronic signatures and that the electronic signatures are the legal equivalent of handwritten signatures.