

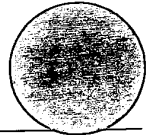


U.S. Department of Justice

163028

Office of Justice Programs

Bureau of Justice Assistance



July 3, 1996

Washington, D.C. 20531

MEMORANDUM TO FILE

THROUGH: Robert H. (Bob) Brown, Jr.  
Chief, Crime Prevention Branch (CPB)  
Discretionary Grant Programs Division

FROM : Louise Lucas *gal*  
Program Specialist, CPB

SUBJECT: Grant Close-out: Final Assessment Report

GRANT NO: 94-DD-CX-0049

PROJECT TITLE: National Neighborhood Mobilization  
Program to Prevent Crime

GRANTEE: Salinas Police Department  
222 Lincoln Avenue  
Salinas, CA 93901

MAIN OBJECTIVE AND PROBLEMS ADDRESSED

The National Neighborhood Mobilization Program stems from the pretext that individual/agency actions are necessary but not sufficient to prevent crime and violence and that by working together people can make a difference in the quality of life they establish for themselves, their neighborhood, and their community. The purpose of the program is to demonstrate the effectiveness of public and private partnerships among citizens, grassroot activists, educators, clergy, business persons, law enforcement, and other public and private service providers in helping to reduce crime, violence and illicit drug use. Key program elements included: the building and/or enhancing of local planning teams; the development of short-, intermediate-, and long-term strategies; community policing; and prevention education.

The City of Salinas is the County Seat of Monterey County. It is the largest city on the Central Coast of California, covering 17.7 square miles, with a population of over 116,000, 50.6% of which is Latino, 39% white, and 10.4% other ethnic groups. Part I Crimes in Salinas had been on a long increasing trend, with murder up 87.5% over a 10-year period and all violent crimes showed an increase of 163%. A major contributing factor in the increasing violence was the growing presence and activity of youth gangs, which were primarily Hispanic. Gang-related crimes had increased 193% from 1991 to 1994. Most of the crimes were occurring in high density



housing areas where many gang members lived -- the Salinas' East Side. Many residents were fearful to venture outside their homes and many were hispanic with limited English ability. This was the targeted area.

Current efforts already taken by the Salinas Police Department included: the School Resource Officer program which presents the D.A.R.E. program in 20 schools; Neighborhood Watch program, with officers assigned full time; and, four community task forces (formed in 1990-91 after a series of town meetings were held to discuss crime problems and solutions) -- Criminal Justice, School, Citizen, and East Salinas Group.

The purpose of the Salinas Police Department's (SPD) project was to build on the activities already implemented in order to get citizens further involved in helping to make the community safer.

#### ACTIVITIES UNDERTAKEN

Through this grant, SPD continued to work with the Police/Community Advisory Committee and build on short-, medium-, and long-term prevention strategies already initiated to involve citizens further in helping to make Salinas safer. SPD established a Community Task Force for the target area and utilized the new East Side Service Center as the hub of neighborhood operations. Community Resource Officers served as Community Mobilizers and worked out of the East Side Service Center, which was opened 40 hours per week. Four Community Service Aides staffed the Center to take non-emergency reports, thus freeing SPD to have a stronger police presence in the neighborhood. The Community Task Force, with the assistance of local marketing consultants, developed a pre- and post-questionnaire and surveyed the residents of the target area to establish and analyze their concerns and promoted an awareness of the resources available to them. Coordination with the media, target area schools, parent-teacher organizations, churches, civic organizations, professional groups, and interested others were employed to publicize the program and encouraged community involvement.

#### DOCUMENTS PRODUCED

N/A (None required)

#### BRIEF ASSESSMENT

The grantee abided by the rules and regulations which concern Federal and state grants in the implementation of this project. No fiscal or programmatic deficiencies were identified.





*NATIONAL NEIGHBORHOOD MOBILIZATION PROGRAM*

*SALINAS POLICE DEPARTMENT*

*EAST SIDE SERVICE CENTER*





**U.S. DEPARTMENT OF JUSTICE**  
Office of Justice Programs

## CATEGORICAL ASSISTANCE PROGRESS REPORT

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements — 28 CFR, Part 66, Common Rule, and OMB Circular A-110).

1. GRANTEE City Of Salinas Police Department, 222 Lincoln Ave. Salinas, California 93901		2. AGENCY GRANT NUMBER 94-DD-CX-0049	3. REPORT NO. 4th quarter
4. IMPLEMENTING SUBGRANTEE		5. REPORTING PERIOD (Dates) FROM: 10-01-95 TO: 12-31-95	
6. SHORT TITLE OF PROJECT Neighborhood Mobilization Program	7. GRANT AMOUNT \$49,000	8. TYPE OF REPORT <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> FINAL REPORT <input type="checkbox"/> SPECIAL REQUEST	
9. NAME AND TITLE OF PROJECT DIRECTOR Brandon Hill, Police Officer	10. SIGNATURE OF PROJECT DIRECTOR <i>Brandon Hill</i>	11. DATE OF REPORT 01-25-96	

12. COMMENCE REPORT HERE (Continue on plain paper)

The last quarter for this grant ended as it started in 1994 with a celebration. The Service Center had its 2nd Annual Christmas Party for the community. Because of the Service Center's limited space, we decided to move the celebration to a nearby school's auditorium. The Salinas Police Officers' Association and the Salinas Firefighters Association purchased a large amount of toys to be given away to the community. The Service Center was allocated about 1,500 toys and books. While preparing for the celebration, several community members heard about last year's event and wanted to participate by donating additional toys.

With the assistance of the Alisal Community School Healthy Start Program, Alisal Community Friends of the YMCA, the Police Community Advisory Committee, and the

13. CERTIFICATION BY GRANTEE (Official signature)

*Alan D. Style*

14. DATE

6-20-96

## INSTRUCTIONS FOR COMPLETING OJP CATEGORICAL ASSISTANCE PROGRESS REPORTS

Grantees are required to submit Progress Reports on project activities and accomplishments. It is expected that reports will include data appropriate to this stage of project development and in sufficient detail to provide a clear idea and summary of work and accomplishments to date. The following should be observed in preparation and submission of progress reports:

- a. **Due Date.** Reports are due 30 days after the close of each full calendar quarter. The final report is due 90 days following the close of the grant period or any extension thereof.
- b. **Submission.** Grantees shall submit to OJP Office of the Comptroller an original and one copy of quarterly progress reports and an original and three copies of final progress reports.
- c. **Form and Execution.** Grantees should use OJP Form 4587/1 (Rev. 2-90) as a face sheet. If continuation pages are needed, plain bond paper is to be used. It should be noted that the report is to be signed by the person designated as project director on the grant application or any duly designated successor.
- d. **Reporting Requirements.** The reporting requirements noted in this section are designed to provide the grantor agency with sufficient information to monitor grant implementation and goal achievement. To support effective monitoring progress reports must be keyed to the grant implementation plan provided in Part IV of the grant application. Specifically, the report should:
  1. Indicate the status of each goal which was due for completion during a previous report quarter but carried over due to implementation or other problems.
  2. State the status of each goal which was scheduled to be achieved during the report period.
  3. State the corrective action planned to resolve implementation problems and state the effect of these problems on the remaining schedule for achieving the project remaining goals.
  4. If appropriate, identify changes which are needed in the implementation plan specified in Parts III and IV of the grant application to overcome problems. Changes which alter plans and/or goals set forth in Part III or IV of the application require prior grantor agency approval and the issuance of a Grant Adjustment Notice.
  5. State what technical assistance the grantor agency might provide during the coming quarter to help resolve implementation problems. If technical assistance has been provided to resolve implementation problems, state the problems (or tasks) addressed and the results (or impact) of the assistance provided.
  6. Based on the performance measures set forth in the grant application (implementation plan), indicate in quantitative terms the results (of the project) achieved both during the reporting period and cumulative-to-date. Explanatory and qualifying statements will be helpful here, especially if project objectives have changed.
- e. **Special Requirements.** Special reporting requirements or instructions may be prescribed for categorical projects in certain program or experimental areas to better assess impact and comparative effectiveness of the overall categorical grant program. These will be communicated to affected grantees by the agency.

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Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Comptroller, Office of Justice Programs, U.S. Department of Justice, 633 Indiana Avenue, NW., Washington, D.C. 20531; and to the Public Use Reports Project, 1121-Q140, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



Salinas Community Police Academy Alumni, we were able to put on smiles for about 2,000 kids within the community. Some of the kids and their parents waited in lines for about two hours to receive a gift from Santa and Mrs. Claus. In addition, Healthy Start received six frozen turkeys as donations. These turkeys were given to six families who were not expected to have a Christmas dinner. We were lucky enough to have several Christmas trees donated and were given to the same identified families from Healthy Start. The YMCA had several volunteers who decorated the trees with hand crafted ornaments during the celebration. The YMCA and the Service Center also conducted a Toy Gun Exchange at the celebration. The purpose was to show young children that playing with look alike toy guns are dangerous. Part of our goal was to educate the children that playing with toys guns could lead to playing with the real thing. We had large inventory of "Charlie Brown" videos and they were exchanged for a toy guns that a child brought to the celebration. We received close to 100 toy guns.

The media along with several leaders of the community attended the celebration and were impressed on how many children we had reached. The event was covered by all the local media and was probably the largest event of its type within the area.



Some of the goals for the celebration were to maintain communications, contacts, and to share resources between the department and the community. I felt this was accomplished.

As stated in the Analysis of Current Problems in the original Assessment Plan for the program, Part I Crimes in Salinas have been a long increasing trend. A comparison of Violent Crimes (Murder, Rape, Robbery, and Aggravated Assault) showed where the problem lies. Murder, for example, was up 87.5 percent. The two crimes with the largest numbers, Robbery and Aggravated Assault, have increased 252 percent and 133 percent respectively. The total number of Violent Crimes has increased 163 percent, as shown in the following table:

Violent Crimes											
	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	Change
Homicide	8	10	9	7	4	7	11	7	17	15	87.5%
Rape	29	32	40	52	54	53	50	42	54	50	37.9%
Robbery	159	167	204	192	217	217	262	253	388	560	252%
Aggravated Assault	362	424	672	633	722	734	778	805	722	844	133%
TOTAL	558	633	925	884	997	1011	1101	1107	1181	1469	163%

During this program, statistics reveals a substantial downward trend in Part I Crimes noted above. Rape and Robbery were reduced by 20 percent and 12 percent respectively. Murder increased 60 percent between 1993 to 1994. The murder rate was the highest in the city's



history during 1994. Some of the crime prevention programs such as, Neighborhood Watch, the Violent Injury Prevention Program, the Gang Suppression Unit, and others, were just beginning to take effect. The following table reveals that the total number of Violent Crimes increased 3 percent between 1993 to 1995.

Violent Crimes													
	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	Change
Homicide	8	10	9	7	4	7	11	7	17	<b>15</b>	24	<b>15</b>	<b>0%</b>
Rape	29	32	40	52	54	53	50	42	54	<b>50</b>	53	<b>40</b>	<b>-20%</b>
Robbery	159	167	204	192	217	217	262	253	388	<b>560</b>	414	<b>493</b>	<b>-12 %</b>
Aggravated Assault	362	424	672	633	722	734	778	805	722	<b>844</b>	846	<b>950</b>	<b>13 %</b>
TOTAL	558	633	925	884	997	1011	1101	1107	1181	<b>1469</b>	1377	<b>1498</b>	<b>3%</b>

Between 1993 to 1995, gang-related crimes have increased 65 percent. Although this is relatively smaller increase compare to 251 percent increase noted in the original Assessment Plan, enforcement actions were on the rise within the police department as well with the community at large. This is confirmed by statistics showing a 28 percent increased in gang-related juvenile arrest and 109 percent increased in gang-related adult arrest. The residents are more confident in reporting crimes to the police and becoming involved with the problems within their communities. Crime prevention efforts appears to be paying off.



Gang Related Crimes and Arrests								
	1990	1991	1991	1992	1992	1993	1993	Percent
	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul Dec	Jan-Jun	Jul-Dec	Change
Gang-Related Crimes	88	196	223	177	252	258	309	251%
Gang-Related Juvenile	31	71	93	77	82	111	89	187%
Gang-Related Adult Arrest	23	34	77	44	38	59	90	291%
All Juvenile Arrests	834	760	871	664	1092	1005	903	8%
All Adult Arrests	3840	4460	4668	4424	3734	2939	3451	-10%

Gang Related Crimes and Arrests			
	1994	1995	Percent
	1994	1995	Change
Gang-Related Crimes	537	938	65%
Gang-Related Juvenile Arrest	216	255	28%
Gang-Related Adult Arrest	193	312	109%
All Juvenile Arrests	1,737	2,256	18%
All Adult Arrests	7,211	7,099	11%

The activity at the East Side Service Center is still high. The residents are aware of the Service Center and the services we provide. With the posting of a large commercial style sign identifying the center, the residents are assure the police department is close by for a more





rapid response to their needs. The Service Center is used for meetings, an office for officers to conduct investigations, to make police reports, sign-off citations, a convenient location for child custodial exchanges, and other activities.

As stated in the quarterly reports, there are four Community Service Aides (CSA) assigned to the Service Center. They assist the residents in filing reports and other services provided by the police department. The hours of operation of the Service Center is from 9:00 AM to 6:00 PM. The CSAs' usually handles the day to day activities of the Service Center while the Community Resource Officer, also assigned to the Service Center, supervises the daily operations. The following is the fourth quarter East Side Service Center Activity Report:

## 4th Quarter Report

October-December

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		TOTALS
Citizen Contacts	6	10	7	11	10	12	10	11	13	11	16	10	16	10	11	8	5	9	12	9	15	8	3	6	5	10	15	10	8	12	59	Citizen Contacts	358
Reports	6	14	19	15	22	22	8	6	17	13	15	18	20	14	4	12	13	15	17	6	10	8	15	10	11	13	17	7	10	14	17	Reports	408
Phone Calls In	22	24	27	35	36	42	23	18	31	24	33	43	54	28	22	27	28	27	34	18	23	19	23	14	25	28	38	16	17	25	26	Phone Calls In	850
Out	27	33	35	43	48	35	22	21	32	23	36	33	39	23	22	26	23	30	31	17	23	14	26	19	21	30	43	15	15	24	27	Out	856
Public Assist	9	8	7	9	11	6	9	5	6	4	11	8	10	8	5	8	6	10	11	7	6	2	5	6	7	11	16	5	6	10	9	Public Assist	241
Reports Mailed	0	2	0	0	1	2	0	0	0	0	3	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Reports Mailed	11
Bilingual Details	2	4	4	4	8	4	6	2	3	1	3	3	5	8	3	5	3	8	6	5	7	2	4	3	2	6	9	3	1	6	4	Bilingual Details	134
Citation Cleared	0	0	0	1	0	3	1	0	1	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	Citation Cleared	10
Phone Overload	2	7	6	3	4	0	0	0	11	2	0	3	2	0	2	3	3	0	0	0	2	1	0	0	0	0	0	0	0	2	0	Phone Overload	53



This quarterly report shows a decline in just about all categories. This is probably due to the time of year where the community had such activities as returning to school, declining weather, and other factors that may have contributed.

The following is a monthly and year to date summary of activities for the East Side Service Center:

<b>Year to Date 1995</b>													
<b>Month</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>TOTALS</b>
<b>Citizen Contacts</b>	245	186	209	183	189	279	267	248	186	311	178	115	2,596
<b>Reports</b>	175	166	122	136	149	149	171	226	213	439	212	119	2,277
<b>Phone Calls In</b>	465	368	445	420	416	466	464	494	418	845	412	302	5,515
<b>Out</b>	392	330	401	396	416	464	415	465	395	853	393	320	5,240
<b>Public Assist</b>	51	52	102	90	114	168	172	165	145	228	109	106	1,502
<b>Reports Mailed</b>	0	1	2	2	4	2	2	0	3	16	1	1	34
<b>Bilingual Details</b>	2	24	117	76	85	105	143	135	83	132	80	53	1,035
<b>Citation Cleared</b>	9	1	4	6	2	3	8	2	1	2	3	7	48
<b>Phone Overload</b>	3	21	62	210	118	76	88	83	89	90	12	0	852

The above chart shows that the activity at the Service Center was steady year round. The Service Center averaged approximately 190 reports a month during 1995. They also averaged approximately 460 phone calls received a month during the year. These figures are about ten percent of the total activity for the police department.



## Year to Date 1995

<b>Activity by Service Hours</b>							
<i>January-May '95</i>				<i>June-December '95</i>			
1st Watch	0900-1300			1st Watch	0900-1300		
2nd Watch	1300-1700			2nd Watch	1200-1600		
3rd Watch	None			3rd Watch	1400-1800		
4th Watch	None			4th Watch	1730-2130		
	0900-1300	1300-1700		0900-1300	1200-1600	1400-1600	1730-2130
<b>Citizen Contacts</b>	504	510		375	230	413	422
<b>Reports</b>	421	281		461	271	351	232
<b>Phone Calls In</b>	946	1,143		670	734	973	610
<b>Out</b>	936	981		793	565	872	654
<b>Public Assist</b>	152	255		65	239	341	335
<b>Reports Mailed</b>	8	1		6	10	1	0
<b>Bilingual Details</b>	136	166		202	0	359	112
<b>Citation Cleared</b>	16	5		5	0	15	4
<b>Phone Overload</b>	240	172		6	192	73	119

The above chart shows the breakdown by shifts of the activities for the East Side Service Center for 1995.

Attached to this final report is a year to date expenditure analysis for the National Neighborhood Mobilization Program. The City of Salinas was granted \$49,000 in 1994. As of this report, we have approximately \$9,000 that wasn't used or spent. The final financial report does not show the payroll expenditures for the employees of the Service Center. Once this has been completed, we will have approximately \$1,500 that was not used as expenditures.

According to the original grant, a office counter-top, computer, printer, copier, and a network system were to be purchased for the Service Center. A custom built counter-top was



purchased from a local cabinet maker. The purchase price was \$1,000, however, the value was considerable higher than that. The counter-top was made from oak and was built unfinished. The Community Resource Officer was able to stain the counter-top and have the carpet for the flooring donated from a local carpet dealer. The computer including the printer and monitor were also purchased. We were able to get a copier and fax machine as one unit and it too was also purchased with grant funds.

The network connection was the most challenging project of the program. This was budgeted \$4,000 for the program. However, after some research, we were told that the cost would far exceed the budget. The goal was to be able to connect with federal, state, and local law enforcement agencies from the Service Center. In order to accomplish this, a dedicated phone line needed to be installed. We also needed to buy the necessary hardware, and software to complete the project. Through extensive research, it was determined that the project would cost approximately between \$10,000 to \$15,000. The police department did not have funds to make the expenditures therefore, a different approach was taken.

A phone modem was purchased to communicate with the police department. This would at least give the Service Center access to the department's E-Mail and network system that had already been installed. With the appropriate computer protocol, the Community Resource



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24



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Officer is able to communicate with the police department. The remainder of the funds for this project were re-directed.

The Service Center needed a commercial sign in front the building to identify its location. This was not a budgeted project, therefore, we attempted to obtain the sign through donations. After numerous attempts to locate a businesses to donate the sign, we decided to use the funds that was originally allocated for the network connection. The sign was purchased and installed.

The Community Resource Officer has taken an active role in mobilizing the residents to participate in crime prevention efforts. Neighborhood Watch programs were implemented within the target area. The Crime Prevention Unit has started a Community Police Academy so residents could have a better understanding of their police department. Several residents from the target area were selected to attend this twelve week program. During the program, the media made an excellent effort to present the Community Police Academy to the community. A reporter from the local newspaper, who attended the course, wrote an article each week covering what the participates had learned that week. Reviews from the alumnus were very positive. They have established the Salinas Community Police Academy Alumni Group to assist the police department and officers on future projects. On one occasion, they prepared a brief meal during each of the patrol shifts to show their appreciation for the hard and dedicated work they provide the community.



Overall, this program was a success. The community has applauded our efforts to work with them and giving them access to the police department. Although the program will not be funded by the National Neighborhood Mobilization Program, the police department has elected to continue funding the program. In fact, a Community Service Officer who is a full time, non-sworn employee will supervise the day to day operation of the Service Center. This would give the Community Resource Officer a greater opportunity to engage with the community at large.



06-06-96  
(GL.YTD.EXP)

CITY OF SALINAS  
YEAR-TO-DATE EXPENDITURE ANALYSIS  
01 JUL 1994 THROUGH 30 JUN 1995

PAGE 1

FUND: 61.80  
DEPARTMENT: 77 Grant Programs

PRGM	DATE	VEND#	NAME	PO NUMBER	DESCRIPTION	BUDGET	EXPENDITURES	ENCUMBRANCES	CHECK# UNENCUMBERED BALANCE
61110	7780		Regular Pay> Natl Neigh Crime Prevention			0.00			
	10/03/94				SUPPLEMENT	36,000.00			
	10/05/94				TRANSFER	-36,000.00			
					BEGINNING BALANCE		0.00	0.00	
	10/04/94		JE415 RECORD APPROP GRANT FOR CRIME PREVENTION PER						
	10/05/94		JE423 TRANSF APPROP FOR CSAs SALARY PER JOAN MARICLE REQ						
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
61111	7780		Regular Pay> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
61250	7780		Temporary Payroll> Natl Neigh Crime Prevention			0.00			
	10/05/94				TRANSFER	36,000.00			
					BEGINNING BALANCE		0.00	0.00	
	10/05/94		JE423 TRANSF APPROP FOR CSAs SALARY PER JOAN MARICLE REQ						
	10/23/94		PAYROLL		PAYROLL 23 OCT 1994		1,037.48		
	11/06/94		PAYROLL		PAYROLL 06 NOV 1994		1,035.08		
	11/20/94		PAYROLL		PAYROLL 20 NOV 1994		932.19		
	12/04/94		PAYROLL		PAYROLL 04 DEC 1994		674.31		
	12/18/94		PAYROLL		PAYROLL 18 DEC 1994		1,467.69		
	01/01/95		PAYROLL		PAYROLL 01 JAN 1995		1,209.80		
	01/15/95		PAYROLL		PAYROLL 15 JAN 1995		1,084.16		
	01/29/95		PAYROLL		PAYROLL 29 JAN 1995		1,031.27		
	02/12/95		PAYROLL		PAYROLL 12 FEB 1995		951.93		
	02/26/95		PAYROLL		PAYROLL 26 FEB 1995		1,203.17		
	03/12/95		PAYROLL		PAYROLL 12 MAR 1995		1,028.63		
	03/26/95		PAYROLL		PAYROLL 26 MAR 1995		1,152.74		
	04/09/95		PAYROLL		PAYROLL 09 APR 1995		1,098.23		
	04/23/95		PAYROLL		PAYROLL 23 APR 1995		1,039.89		
	05/07/95		PAYROLL		PAYROLL 07 MAY 1995		987.52		
	05/21/95		PAYROLL		PAYROLL 21 MAY 1995		972.58		
	06/04/95		PAYROLL		PAYROLL 04 JUN 1995		1,250.19		
	06/18/95		PAYROLL		PAYROLL 18 JUN 1995		1,090.56		
	07/02/95		PAYROLL		PAYROLL 02 JUL 1995		827.16		
					YTD TOTALS	36,000.00	20,074.58	0.00	15,925.42 44.2%
61821	7780		OASDI> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
	10/31/94	65973	BANK OF SALINAS	941031-028	SOCIAL SECURITY-PAY DATE 10/28			-64.32	
	10/31/94	65973	BANK OF SALINAS	941031-028	SOCIAL SECURITY-PAY DATE 10/28	64.32			186096
	10/31/94	65973	BANK OF SALINAS	941031-028	SOCIAL SECURITY-PAY DATE 10/28			64.32	
	11/14/94	65973	BANK OF SALINAS	941114-004	SOCIAL SECURITY - PAY DATE 11/			-64.17	
	11/14/94	65973	BANK OF SALINAS	941114-004	SOCIAL SECURITY - PAY DATE 11/	64.17			186630
	11/14/94	65973	BANK OF SALINAS	941114-004	SOCIAL SECURITY - PAY DATE 11/			64.17	
	11/23/94	65973	BANK OF SALINAS	941123-038	SOCIAL SECURITY-PAY DATE 11/23			57.77	
	11/23/94	65973	BANK OF SALINAS	941123-038	SOCIAL SECURITY-PAY DATE 11/23			-57.77	
	11/23/94	65973	BANK OF SALINAS	941123-038	SOCIAL SECURITY-PAY DATE 11/23	57.77			186995
	12/12/94	65973	BANK OF SALINAS	941212-007	SOCIAL SECURITY CONTRIBUTIONS			-41.81	
	12/12/94	65973	BANK OF SALINAS	941212-007	SOCIAL SECURITY CONTRIBUTIONS	41.81			187396
	12/12/94	65973	BANK OF SALINAS	941212-007	SOCIAL SECURITY CONTRIBUTIONS			41.81	
	12/22/94	65973	BANK OF SALINAS	941222-005	SOCIAL SECURITY CONTRIBUTIONS			-91.01	
	12/22/94	65973	BANK OF SALINAS	941222-005	SOCIAL SECURITY CONTRIBUTIONS	91.01			187767
	12/22/94	65973	BANK OF SALINAS	941222-005	SOCIAL SECURITY CONTRIBUTIONS			91.01	
	01/06/95	65973	BANK OF SALINAS	950106-012	SOCIAL SECURITY CONTRIBUTIONS			74.99	
	01/09/95	65973	BANK OF SALINAS	950106-012	SOCIAL SECURITY CONTRIBUTIONS			-74.99	
	01/09/95	65973	BANK OF SALINAS	950106-012	SOCIAL SECURITY CONTRIBUTIONS	74.99			188094
	01/20/95	65973	BANK OF SALINAS	950120-028	CITY CONTRIBUTION-SOCIAL SECUR			67.20	
	01/23/95	65973	BANK OF SALINAS	950120-028	CITY CONTRIBUTION-SOCIAL SECUR			-67.20	
	01/23/95	65973	BANK OF SALINAS	950120-028	CITY CONTRIBUTION-SOCIAL SECUR	67.20			188508
	02/06/95	65973	BANK OF SALINAS	950206-025	CITY CONTRIBUTION-SOCIAL SECUR			-63.92	
	02/06/95	65973	BANK OF SALINAS	950206-025	CITY CONTRIBUTION-SOCIAL SECUR	63.92			188870
	02/06/95	65973	BANK OF SALINAS	950206-025	CITY CONTRIBUTION-SOCIAL SECUR			63.92	



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								CHECK#
								UNENCUMBERED
PRGM	DATE	VEND#	NAME	PO NUMBER	DESCRIPTION	BUDGET	EXPENDITURES	BALANCE
	02/21/95	65973	BANK OF SALINAS	950221-010	SOCIAL SECURITY CONTRIBUTIONS		-60.74	
	02/21/95	65973	BANK OF SALINAS	950221-010	SOCIAL SECURITY CONTRIBUTIONS	60.74		189199
	02/21/95	65973	BANK OF SALINAS	950221-010	SOCIAL SECURITY CONTRIBUTIONS		60.74	
	03/06/95	65973	BANK OF SALINAS	950306-016	SOCIAL SECURITY CONTRIBUTIONS		-74.66	
	03/06/95	65973	BANK OF SALINAS	950306-016	SOCIAL SECURITY CONTRIBUTIONS	74.66		189578
	03/06/95	65973	BANK OF SALINAS	950306-016	SOCIAL SECURITY CONTRIBUTIONS		74.66	
	03/17/95	65973	BANK OF SALINAS	950317-030	SOCIAL SECURITY CONTRIBUTIONS		63.88	
	03/20/95	65973	BANK OF SALINAS	950317-030	SOCIAL SECURITY CONTRIBUTIONS		-63.88	
	03/20/95	65973	BANK OF SALINAS	950317-030	SOCIAL SECURITY CONTRIBUTIONS	63.88		189983
	04/03/95	65973	BANK OF SALINAS	950403-085	SOCIAL SECURITY CONTRIBUTIONS		-71.46	
	04/03/95	65973	BANK OF SALINAS	950403-085	SOCIAL SECURITY CONTRIBUTIONS	71.46		190356
	04/03/95	65973	BANK OF SALINAS	950403-085	SOCIAL SECURITY CONTRIBUTIONS		71.46	
	04/14/95	65973	BANK OF SALINAS	950414-002	SOCIAL SECURITY CONTRIBUTIONS		68.08	
	04/17/95	65973	BANK OF SALINAS	950414-002	SOCIAL SECURITY CONTRIBUTIONS		-68.08	
	04/17/95	65973	BANK OF SALINAS	950414-002	SOCIAL SECURITY CONTRIBUTIONS	68.08		190565
	05/01/95	65973	BANK OF SALINAS	950501-097	SOCIAL SECURITY CONTRIBUTIONS		-64.46	
	05/01/95	65973	BANK OF SALINAS	950501-097	SOCIAL SECURITY CONTRIBUTIONS	64.46		191222
	05/01/95	65973	BANK OF SALINAS	950501-097	SOCIAL SECURITY CONTRIBUTIONS		64.46	
	05/15/95	65973	BANK OF SALINAS	950515-009	SOCIAL SECURITY CONTRIBUTIONS		-61.22	
	05/15/95	65973	BANK OF SALINAS	950515-009	SOCIAL SECURITY CONTRIBUTIONS	61.22		191628
	05/15/95	65973	BANK OF SALINAS	950515-009	SOCIAL SECURITY CONTRIBUTIONS		61.22	
	05/30/95	65973	BANK OF SALINAS	950530-025	SOCIAL SECURITY CONTRIBUTIONS		-60.29	
	05/30/95	65973	BANK OF SALINAS	950530-025	SOCIAL SECURITY CONTRIBUTIONS	60.29		191971
	05/30/95	65973	BANK OF SALINAS	950530-025	SOCIAL SECURITY CONTRIBUTIONS		60.29	
	06/09/95	65973	BANK OF SALINAS	950609-023	SOCIAL SECURITY CONTRIBUTIONS		77.51	
	06/12/95	65973	BANK OF SALINAS	950609-023	SOCIAL SECURITY CONTRIBUTIONS		-77.51	
	06/12/95	65973	BANK OF SALINAS	950609-023	SOCIAL SECURITY CONTRIBUTIONS	77.51		192355
	06/26/95	65973	BANK OF SALINAS	950626-017	SOCIAL SECURITY CONTRIBUTIONS		67.61	
	06/26/95	65973	BANK OF SALINAS	950626-017	SOCIAL SECURITY CONTRIBUTIONS		-67.61	
	06/26/95	65973	BANK OF SALINAS	950626-017	SOCIAL SECURITY CONTRIBUTIONS	67.61		192802
	07/10/95	65973	BANK OF SALINAS	950710-010	SOCIAL SECURITY CONTRIBUTIONS		-51.28	
	07/10/95	65973	BANK OF SALINAS	950710-010	SOCIAL SECURITY CONTRIBUTIONS	51.28		193222
	07/10/95	65973	BANK OF SALINAS	950710-010	SOCIAL SECURITY CONTRIBUTIONS		51.28	
YTD TOTALS						0.00	1,246.38	-1,246.38
								0.0%
61825 7780 Medicare> Natl Neigh Crime Prevention						0.00		
							0.00	0.00
	10/31/94	65973	BANK OF SALINAS	941031-029	MEDICARE - 10/28/94 PAY DATE		-15.04	
	10/31/94	65973	BANK OF SALINAS	941031-029	MEDICARE - 10/28/94 PAY DATE	15.04		186096
	10/31/94	65973	BANK OF SALINAS	941031-029	MEDICARE - 10/28/94 PAY DATE		15.04	
	11/14/94	65973	BANK OF SALINAS	941114-009	MEDICARE-PAY DATE 11/10/94		-15.00	
	11/14/94	65973	BANK OF SALINAS	941114-009	MEDICARE-PAY DATE 11/10/94	15.00		186630
	11/14/94	65973	BANK OF SALINAS	941114-009	MEDICARE-PAY DATE 11/10/94		15.00	
	11/23/94	65973	BANK OF SALINAS	941123-035	MEDICARE - PAY DATE 11/23/94		13.54	
	11/23/94	65973	BANK OF SALINAS	941123-035	MEDICARE - PAY DATE 11/23/94		-13.54	
	11/23/94	65973	BANK OF SALINAS	941123-035	MEDICARE - PAY DATE 11/23/94	13.54		186995
	12/12/94	65973	BANK OF SALINAS	941212-004	MEDICARE CONTRIBUTIONS		-9.75	
	12/12/94	65973	BANK OF SALINAS	941212-004	MEDICARE CONTRIBUTIONS	9.75		187396
	12/12/94	65973	BANK OF SALINAS	941212-004	MEDICARE CONTRIBUTIONS		9.75	
	12/22/94	65973	BANK OF SALINAS	941222-007	MEDICARE CONTRIBUTIONS		-21.27	
	12/22/94	65973	BANK OF SALINAS	941222-007	MEDICARE CONTRIBUTIONS	21.27		187767
	12/22/94	65973	BANK OF SALINAS	941222-007	MEDICARE CONTRIBUTIONS		21.27	
	01/06/95	65973	BANK OF SALINAS	950106-014	MEDICARE CONTRIBUTIONS		17.56	
	01/09/95	65973	BANK OF SALINAS	950106-014	MEDICARE CONTRIBUTIONS		-17.56	
	01/09/95	65973	BANK OF SALINAS	950106-014	MEDICARE CONTRIBUTIONS	17.56		188094
	01/20/95	65973	BANK OF SALINAS	950120-027	CITY CONTRIBUTIONS-MEDICARE		15.72	
	01/23/95	65973	BANK OF SALINAS	950120-027	CITY CONTRIBUTIONS-MEDICARE		-15.72	
	01/23/95	65973	BANK OF SALINAS	950120-027	CITY CONTRIBUTIONS-MEDICARE	15.72		188508
	02/06/95	65973	BANK OF SALINAS	950206-024	CITY CONTRIBUTION-MEDICARE		-14.95	
	02/06/95	65973	BANK OF SALINAS	950206-024	CITY CONTRIBUTION-MEDICARE	14.95		188870
	02/06/95	65973	BANK OF SALINAS	950206-024	CITY CONTRIBUTION-MEDICARE		14.95	
	02/21/95	65973	BANK OF SALINAS	950221-013	MEDICARE CONTRIBUTIONS		-14.20	
	02/21/95	65973	BANK OF SALINAS	950221-013	MEDICARE CONTRIBUTIONS	14.20		189199
	02/21/95	65973	BANK OF SALINAS	950221-013	MEDICARE CONTRIBUTIONS		14.20	
	03/06/95	65973	BANK OF SALINAS	950306-017	CITY CONTRIBUTION-MEDICARE		-17.44	
	03/06/95	65973	BANK OF SALINAS	950306-017	CITY CONTRIBUTION-MEDICARE	17.44		189578
	03/06/95	65973	BANK OF SALINAS	950306-017	CITY CONTRIBUTION-MEDICARE		17.44	





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PRGM	DATE	VEND#	NAME	PO NUMBER	DESCRIPTION	BUDGET	EXPENDITURES	ENCUMBRANCES	CHECK# UNENCUMBERED BALANCE
	03/17/95	65973	BANK OF SALINAS	950317-025	MEDICARE CONTRIBUTIONS			14.92	
	03/20/95	65973	BANK OF SALINAS	950317-025	MEDICARE CONTRIBUTIONS			-14.92	
	03/20/95	65973	BANK OF SALINAS	950317-025	MEDICARE CONTRIBUTIONS		14.92		189983
	04/03/95	65973	BANK OF SALINAS	950403-084	MEDICARE CONTRIBUTIONS			-16.73	
	04/03/95	65973	BANK OF SALINAS	950403-084	MEDICARE CONTRIBUTIONS		16.73		190356
	04/03/95	65973	BANK OF SALINAS	950403-084	MEDICARE CONTRIBUTIONS			16.73	
	04/14/95	65973	BANK OF SALINAS	950414-004	MEDICARE CONTRIBUTIONS			15.93	
	04/17/95	65973	BANK OF SALINAS	950414-004	MEDICARE CONTRIBUTIONS			-15.93	
	04/17/95	65973	BANK OF SALINAS	950414-004	MEDICARE CONTRIBUTIONS		15.93		190565
	05/01/95	65973	BANK OF SALINAS	950501-093	MEDICARE CONTRIBUTIONS			-15.09	
	05/01/95	65973	BANK OF SALINAS	950501-093	MEDICARE CONTRIBUTIONS		15.09		191222
	05/01/95	65973	BANK OF SALINAS	950501-093	MEDICARE CONTRIBUTIONS			15.09	
	05/15/95	65973	BANK OF SALINAS	950515-019	MEDICARE CONTRIBUTIONS			-14.30	
	05/15/95	65973	BANK OF SALINAS	950515-019	MEDICARE CONTRIBUTIONS		14.30		191628
	05/15/95	65973	BANK OF SALINAS	950515-019	MEDICARE CONTRIBUTIONS			14.30	
	05/30/95	65973	BANK OF SALINAS	950530-031	MEDICARE CONTRIBUTIONS			-14.11	
	05/30/95	65973	BANK OF SALINAS	950530-031	MEDICARE CONTRIBUTIONS		14.11		191971
	05/30/95	65973	BANK OF SALINAS	950530-031	MEDICARE CONTRIBUTIONS			14.11	
	06/09/95	65973	BANK OF SALINAS	950609-027	MEDICARE CONTRIBUTIONS			18.13	
	06/12/95	65973	BANK OF SALINAS	950609-027	MEDICARE CONTRIBUTIONS			-18.13	
	06/12/95	65973	BANK OF SALINAS	950609-027	MEDICARE CONTRIBUTIONS		18.13		192355
	06/26/95	65973	BANK OF SALINAS	950626-026	MEDICARE CONTRIBUTIONS			15.82	
	06/26/95	65973	BANK OF SALINAS	950626-026	MEDICARE CONTRIBUTIONS			-15.82	
	06/26/95	65973	BANK OF SALINAS	950626-026	MEDICARE CONTRIBUTIONS		15.82		192802
	07/10/95	65973	BANK OF SALINAS	950710-015	MEDICARE CONTRIBUTIONS			-11.99	
	07/10/95	65973	BANK OF SALINAS	950710-015	MEDICARE CONTRIBUTIONS		11.99		193222
	07/10/95	65973	BANK OF SALINAS	950710-015	MEDICARE CONTRIBUTIONS			11.99	
				YTD TOTALS		0.00	291.49	0.00	-291.49 0.0%
62200 7780	Office Supplies> Natl Neigh Crime Prevention					0.00			
	10/03/94			SUPPLEMENT		1,000.00			
				BEGINNING BALANCE			0.00	0.00	
	06/12/95	JE1729	STORES TRANSFERS FOR MAY 1995				49.50		
	07/05/95	JE1856	TO POST 7/4/95 CLAIMS IN ACCTS PAYABLE PERIOD				-47.66		
	07/06/95	JE1858	RECORD 7/4/95 CLAIMS CKS # 192804-193038				47.66		
	10/04/94	JE415	RECORD APPROP GRANT FOR CRIME PREVENTION PER						
	11/04/94	JE548	STORES MATERIALS TRANSFERS FOR OCTOBER 1994				9.65		
	01/09/95	JE783	STORES MATERIALS TRANSFERS FOR DECEMBER 1994				21.10		
	12/27/94	66165	APEX	941201-006	OFFICE SUPPLIES		57.94		187633
	06/27/95	21931	EASTMAN INC	950601-017	OFFICE SUPPLIES		10.82		192658
	06/02/95	34747	PC PEOPLE	950602-015	DUST COVERS - POLICE			47.66	
	07/04/95	34747	PC PEOPLE	950602-015	DUST COVERS - POLICE			-47.66	
	07/04/95	34747	PC PEOPLE	950602-015	DUST COVERS - POLICE		47.66		192976
				YTD TOTALS		1,000.00	196.67	0.00	803.33 80.3%
62101 7780	Office Supplies> Natl Neigh Crime Prevention					0.00			
				BEGINNING BALANCE			0.00	0.00	
				YTD TOTALS		0.00	0.00	0.00	0.00 0.0%
62800 7780	Special Dept Supplies> Natl Neigh Crime Prevention					0.00			
	10/03/94			SUPPLEMENT		1,000.00			
				BEGINNING BALANCE			0.00	0.00	
	10/04/94	JE415	RECORD APPROP GRANT FOR CRIME PREVENTION PER						
	12/06/94	79036	LAUGHTON'S CABINET S	941206-038	CUSTOM MADE RECEPTION DESK - P			1,000.00	
	01/24/95	79036	LAUGHTON'S CABINET S	941206-038	CUSTOM MADE RECEPTION DESK - P			-1,000.00	
	01/24/95	79036	LAUGHTON'S CABINET S	941206-038	CUSTOM MADE RECEPTION DESK - P		1,000.00		188408
				YTD TOTALS		1,000.00	1,000.00	0.00	0.00 0.0%
7780	Special Dept Supplies> Natl Neigh Crime Prevention					0.00			
				BEGINNING BALANCE			0.00	0.00	



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					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
63600	7780		Other Outside Serv> Natl Neigh Crime Prevention			0.00			
	10/03/94				SUPPLEMENT	4,000.00			
	06/07/95				TRANSFER	-500.00			
					BEGINNING BALANCE		0.00	0.00	
	06/07/95		JE1697TRANSF APPROP AS REQUESTED IN MEMORANDUM FROM POLIC						
	10/04/94		JE415 RECORD APPROP GRANT FOR CRIME PREVENTION PER						
					YTD TOTALS	3,500.00	0.00	0.00	3,500.00 100.0%
63601	7780		Other Outside Serv> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
64200	7780		Travel,Conf,Meetings> Natl Neigh Crime Prevention			0.00			
	06/07/95				TRANSFER	500.00			
					BEGINNING BALANCE		0.00	0.00	
	06/07/95		JE1697TRANSF APPROP AS REQUESTED IN MEMORANDUM FROM POLIC						
	06/13/95		23771 CITY OF SALINAS	950605-009	REIMBURSE TRAVEL ACCOUNT		228.00		192179
					YTD TOTALS	500.00	228.00	0.00	272.00 54.4%
66560	7780		Computer Equipment> Natl Neigh Crime Prevention			0.00			
	10/03/94				SUPPLEMENT	5,000.00			
					BEGINNING BALANCE		0.00	0.00	
	10/04/94		JE415 RECORD APPROP GRANT FOR CRIME PREVENTION PER						
	11/30/94	34747	PC PEOPLE	941130-006	COMPUTER SYSTEM - POLICE DEPT			1,927.65	
	01/31/95	34747	PC PEOPLE	941130-006	COMPUTER SYSTEM - POLICE DEPT			-1,927.65	
	01/31/95	34747	PC PEOPLE	941130-006	COMPUTER SYSTEM - POLICE DEPT		1,832.87		188640
	11/30/94	31901	PENINSULA OFFICE EQU	941130-008	LASER PRINTER - POLICE DEPT			1,214.10	
	01/17/95	31901	PENINSULA OFFICE EQU	941130-008	LASER PRINTER - POLICE DEPT			-1,214.10	
	01/17/95	31901	PENINSULA OFFICE EQU	941130-008	LASER PRINTER - POLICE DEPT		1,214.10		188242
					YTD TOTALS	5,000.00	3,046.97	0.00	1,953.03 39.1%
66561	7780		Computer Equipment> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
66590	7780		Other Mach, Furn, & Equip> Natl Neigh Crime Prevention			0.00			
	10/03/94				SUPPLEMENT	2,000.00			
					BEGINNING BALANCE		0.00	0.00	
	10/04/94		JE415 RECORD APPROP GRANT FOR CRIME PREVENTION PER						
	02/15/95	77076	CENTRAL BUSINESS EQU	950215-002	FAX MACHINE - POLICE			1,702.22	
	03/21/95	77076	CENTRAL BUSINESS EQU	950215-002	FAX MACHINE - POLICE			-1,702.22	
	03/21/95	77076	CENTRAL BUSINESS EQU	950215-002	FAX MACHINE - POLICE		1,702.22		189817
					YTD TOTALS	2,000.00	1,702.22	0.00	297.78 14.9%
66591	7780		Other Mach, Furn, & Equip> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
					PROGRAM TOTALS 7780 Natl Neigh Crime Prevention	49,000.00	27,786.31	0.00	21,213.69 43.3%



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DEPARTMENT TOTALS 77 Grant Programs				49,000.00	27,786.31	0.00	21,213.69 43.3%
FUND TOTALS 61.80 Natl Neigh Crime Prevention Program				49,000.00	27,786.31	0.00	21,213.69 43.3%
*** GRAND TOTALS ***				49,000.00	27,786.31	0.00	21,213.69 43.3%
				=====	=====	=====	=====



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61110	7780		Regular Pay> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
61111	7780		Regular Pay> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
61250	7780		Temp Pay - Comm Svc Aide> Natl Neigh Crime Prevention			16,000.00			
					BEGINNING BALANCE		0.00	0.00	
	07/16/95		PAYROLL		PAYROLL 16 JUL 1995		833.77		
	07/30/95		PAYROLL		PAYROLL 30 JUL 1995		833.77		
	08/13/95		PAYROLL		PAYROLL 13 AUG 1995		817.73		
	08/27/95		PAYROLL		PAYROLL 27 AUG 1995		830.67		
	09/10/95		PAYROLL		PAYROLL 10 SEP 1995		815.36		
	09/24/95		PAYROLL		PAYROLL 24 SEP 1995		847.84		
	10/08/95		PAYROLL		PAYROLL 08 OCT 1995		861.00		
	10/22/95		PAYROLL		PAYROLL 22 OCT 1995		665.26		
	11/05/95		PAYROLL		PAYROLL 05 NOV 1995		916.52		
	11/19/95		PAYROLL		PAYROLL 19 NOV 1995		861.00		
	12/03/95		PAYROLL		PAYROLL 03 DEC 1995		659.63		
	12/17/95		PAYROLL		PAYROLL 17 DEC 1995		861.00		
					YTD TOTALS	16,000.00	9,803.55	0.00	6,196.45 38.7%
61821	7780		OASDI> Natl Neigh Crime Prevention			0.00			
					BEGINNING BALANCE		0.00	0.00	
	07/21/95	65973	BANK OF SALINAS	950721-048	SOCIAL SECURITY CONTRIBUTIONS			51.69	
	07/24/95	65973	BANK OF SALINAS	950721-048	SOCIAL SECURITY CONTRIBUTIONS			-51.69	
	07/24/95	65973	BANK OF SALINAS	950721-048	SOCIAL SECURITY CONTRIBUTIONS		51.69		193769
	08/07/95	65973	BANK OF SALINAS	950807-012	SOCIAL SECURITY CONTRIBUTIONS			-51.69	
	08/07/95	65973	BANK OF SALINAS	950807-012	SOCIAL SECURITY CONTRIBUTIONS		51.69		194156
	08/07/95	65973	BANK OF SALINAS	950807-012	SOCIAL SECURITY CONTRIBUTIONS			51.69	
	08/21/95	65973	BANK OF SALINAS	950821-027	SOCIAL SECURITY CONTRIBUTIONS			-50.70	
	08/21/95	65973	BANK OF SALINAS	950821-027	SOCIAL SECURITY CONTRIBUTIONS		50.70		194541
	08/21/95	65973	BANK OF SALINAS	950821-027	SOCIAL SECURITY CONTRIBUTIONS			50.70	
	09/05/95	65973	BANK OF SALINAS	950905-019	SOCIAL SECURITY CONTRIBUTIONS			-51.50	
	09/05/95	65973	BANK OF SALINAS	950905-019	SOCIAL SECURITY CONTRIBUTIONS		51.50		194923
	09/05/95	65973	BANK OF SALINAS	950905-019	SOCIAL SECURITY CONTRIBUTIONS			51.50	
	09/18/95	65973	BANK OF SALINAS	950918-002	SOCIAL SECURITY CONTRIBUTION			-50.55	
	09/18/95	65973	BANK OF SALINAS	950918-002	SOCIAL SECURITY CONTRIBUTION		50.55		195310
	09/18/95	65973	BANK OF SALINAS	950918-002	SOCIAL SECURITY CONTRIBUTION			50.55	
	10/02/95	65973	BANK OF SALINAS	951002-097	SOCIAL SECURITY CONTRIBUTIONS			-52.57	
	10/02/95	65973	BANK OF SALINAS	951002-097	SOCIAL SECURITY CONTRIBUTIONS		52.57		195961
	10/02/95	65973	BANK OF SALINAS	951002-097	SOCIAL SECURITY CONTRIBUTIONS			52.57	
	10/16/95	65973	BANK OF SALINAS	951016-007	SOCIAL SECURITY CONTRIBUTIONS			-53.39	
	10/16/95	65973	BANK OF SALINAS	951016-007	SOCIAL SECURITY CONTRIBUTIONS		53.39		196348
	10/16/95	65973	BANK OF SALINAS	951016-007	SOCIAL SECURITY CONTRIBUTIONS			53.39	
	10/27/95	65973	BANK OF SALINAS	951027-021	SOCIAL SECURITY CONTRIBUTIONS			41.24	
	10/30/95	65973	BANK OF SALINAS	951027-021	SOCIAL SECURITY CONTRIBUTIONS			-41.24	
	10/30/95	65973	BANK OF SALINAS	951027-021	SOCIAL SECURITY CONTRIBUTIONS		41.24		196765
	11/13/95	65973	BANK OF SALINAS	951113-025	SOCIAL SECURITY CONTRIBUTIONS			-56.84	
	11/13/95	65973	BANK OF SALINAS	951113-025	SOCIAL SECURITY CONTRIBUTIONS		56.84		197126
	11/13/95	65973	BANK OF SALINAS	951113-025	SOCIAL SECURITY CONTRIBUTIONS			56.84	
	11/22/95	65973	BANK OF SALINAS	951122-016	SOCIAL SECURITY CONTRIBUTIONS			-53.39	
	11/22/95	65973	BANK OF SALINAS	951122-016	SOCIAL SECURITY CONTRIBUTIONS		53.39		197512
	11/22/95	65973	BANK OF SALINAS	951122-016	SOCIAL SECURITY CONTRIBUTIONS			53.39	
	12/11/95	65973	BANK OF SALINAS	951211-013	SOCIAL SECURITY CONTRIBUTIONS			-40.91	
	12/11/95	65973	BANK OF SALINAS	951211-013	SOCIAL SECURITY CONTRIBUTIONS		40.91		197910
	12/11/95	65973	BANK OF SALINAS	951211-013	SOCIAL SECURITY CONTRIBUTIONS			40.91	
	12/21/95	65973	BANK OF SALINAS	951221-021	SOCIAL SECURITY CONTRIBUTIONS			-53.39	
	12/21/95	65973	BANK OF SALINAS	951221-021	SOCIAL SECURITY CONTRIBUTIONS		53.39		198288
	12/21/95	65973	BANK OF SALINAS	951221-021	SOCIAL SECURITY CONTRIBUTIONS			53.39	





06-06-96  
(GL.YTD.EXP)

CITY OF SALINAS  
YEAR-TO-DATE EXPENDITURE ANALYSIS  
01 JUL 1995 THROUGH 31 DEC 1995

PAGE 2

FUND: 61.80  
DEPARTMENT: 77 Grant Programs

PRGM DATE	VEND# NAME	PO NUMBER	DESCRIPTION	BUDGET	EXPENDITURES	ENCUMBRANCES	CHECK# UNENCUMBERED BALANCE
YTD TOTALS				0.00	607.86	0.00	-607.86 0.0%
61825 7780 Medicare> Natl Neigh Crime Prevention				0.00			
BEGINNING BALANCE					0.00	0.00	
07/21/95	65973 BANK OF SALINAS	950721-049	MEDICARE CONTRIBUTIONS			12.09	
07/24/95	65973 BANK OF SALINAS	950721-049	MEDICARE CONTRIBUTIONS			-12.09	
07/24/95	65973 BANK OF SALINAS	950721-049	MEDICARE CONTRIBUTIONS		12.09		193769
08/07/95	65973 BANK OF SALINAS	950807-022	MEDICARE CONTRIBUTIONS			-12.09	
08/07/95	65973 BANK OF SALINAS	950807-022	MEDICARE CONTRIBUTIONS		12.09		194156
08/07/95	65973 BANK OF SALINAS	950807-022	MEDICARE CONTRIBUTIONS			12.09	
08/21/95	65973 BANK OF SALINAS	950821-024	MEDICARE CONTRIBUTIONS			-11.85	
08/21/95	65973 BANK OF SALINAS	950821-024	MEDICARE CONTRIBUTIONS		11.85		194541
08/21/95	65973 BANK OF SALINAS	950821-024	MEDICARE CONTRIBUTIONS			11.85	
09/05/95	65973 BANK OF SALINAS	950905-022	MEDICARE CONTRIBUTIONS			-12.04	
09/05/95	65973 BANK OF SALINAS	950905-022	MEDICARE CONTRIBUTIONS		12.04		194923
09/05/95	65973 BANK OF SALINAS	950905-022	MEDICARE CONTRIBUTIONS			12.04	
09/18/95	65973 BANK OF SALINAS	950918-004	MEDICARE CONTRIBUTIONS			-11.81	
09/18/95	65973 BANK OF SALINAS	950918-004	MEDICARE CONTRIBUTIONS		11.81		195310
09/18/95	65973 BANK OF SALINAS	950918-004	MEDICARE CONTRIBUTIONS			11.81	
10/02/95	65973 BANK OF SALINAS	951002-098	MEDICARE CONTRIBUTIONS			-12.30	
10/02/95	65973 BANK OF SALINAS	951002-098	MEDICARE CONTRIBUTIONS		12.30		195961
10/02/95	65973 BANK OF SALINAS	951002-098	MEDICARE CONTRIBUTIONS			12.30	
10/16/95	65973 BANK OF SALINAS	951016-003	EMPLOYER CONTRIBUTIONS TO MEDI			-12.48	
10/16/95	65973 BANK OF SALINAS	951016-003	EMPLOYER CONTRIBUTIONS TO MEDI		12.48		196348
10/16/95	65973 BANK OF SALINAS	951016-003	EMPLOYER CONTRIBUTIONS TO MEDI			12.48	
10/27/95	65973 BANK OF SALINAS	951027-018	MEDICARE CONTRIBUTIONS			9.64	
10/30/95	65973 BANK OF SALINAS	951027-018	MEDICARE CONTRIBUTIONS			-9.64	
10/30/95	65973 BANK OF SALINAS	951027-018	MEDICARE CONTRIBUTIONS		9.64		196765
11/13/95	65973 BANK OF SALINAS	951113-018	MEDICARE CONTRIBUTIONS			-13.29	
11/13/95	65973 BANK OF SALINAS	951113-018	MEDICARE CONTRIBUTIONS		13.29		197126
11/13/95	65973 BANK OF SALINAS	951113-018	MEDICARE CONTRIBUTIONS			13.29	
11/22/95	65973 BANK OF SALINAS	951122-010	MEDICARE CONTRIBUTIONS			-12.48	
11/22/95	65973 BANK OF SALINAS	951122-010	MEDICARE CONTRIBUTIONS		12.48		197512
11/22/95	65973 BANK OF SALINAS	951122-010	MEDICARE CONTRIBUTIONS			12.48	
12/11/95	65973 BANK OF SALINAS	951211-014	MEDICARE CONTRIBUTIONS			-9.57	
12/11/95	65973 BANK OF SALINAS	951211-014	MEDICARE CONTRIBUTIONS		9.57		197910
12/11/95	65973 BANK OF SALINAS	951211-014	MEDICARE CONTRIBUTIONS			9.57	
12/21/95	65973 BANK OF SALINAS	951221-024	MEDICARE CONTRIBUTIONS			-12.48	
12/21/95	65973 BANK OF SALINAS	951221-024	MEDICARE CONTRIBUTIONS		12.48		198288
12/21/95	65973 BANK OF SALINAS	951221-024	MEDICARE CONTRIBUTIONS			12.48	
YTD TOTALS				0.00	142.12	0.00	-142.12 0.0%
62100 7780 Office Supplies> Natl Neigh Crime Prevention				800.00			
BEGINNING BALANCE					0.00	0.00	
09/15/95	JE362 STORE TRANSFERS FOR THE MONTH OF AUGUST 1995				29.44		
08/08/95	66165 APEX	950703-006	OFFICE SUPPLIES		19.59		194018
YTD TOTALS				800.00	49.03	0.00	750.97 93.9%
62800 7780 Special Dept Supplies> Natl Neigh Crime Prevention				0.00			
BEGINNING BALANCE					0.00	0.00	
YTD TOTALS				0.00	0.00	0.00	0.00 0.0%
63600 7780 Other Outside Serv> Natl Neigh Crime Prevention				4,000.00			
07/27/95			SUPPLEMENT	-1,586.00			
12/21/95			TRANSFER	-168.00			
BEGINNING BALANCE					0.00	0.00	
12/21/95	JE708 TRANSFER APPROP TO COVER TA#3754 NCPC CONF-B.HILL						
07/27/95	JE76 TO ADJUST APPROPRIATION TO CARRYOVER AMOUNT-						
08/10/95	31901 PENINSULA OFFICE EQU	950810-014	MODEMS - POLICE				
09/05/95	55246 PACIFIC SIGNS	950905-028	SIGN FOR NEIGHBORHOOD CRIME PR			1,350.00	
YTD TOTALS				2,246.00	0.00	1,350.00	896.00



06-06-96  
(GL.YTD.EXP)

CITY OF SALINAS  
YEAR-TO-DATE EXPENDITURE ANALYSIS  
01 JUL 1995 THROUGH 31 DEC 1995

PAGE 3

FUND: 61.80  
DEPARTMENT: 77 Grant Programs

PRGM	DATE	VEND#	NAME	PO NUMBER	DESCRIPTION	BUDGET	EXPENDITURES	ENCUMBRANCES	CHECK# UNENCUMBERED BALANCE
									39.9%
64200	7780	Travel, Conf, Meetings> Natl Neigh Crime Prevention				0.00			
	12/21/95				TRANSFER	168.00			
					BEGINNING BALANCE		0.00	0.00	
	12/21/95	JE708	TRANSFER APPROP TO COVER TA#3754 NCPC CONF-B.HILL						
	12/21/95	JE710	TA# 3754 NCPC CONFERENCE-BRANDON HILL				168.00		
					YTD TOTALS	168.00	168.00	0.00	0.00 0.0%
66560	7780	Computer Equipment> Natl Neigh Crime Prevention				2,000.00			
					BEGINNING BALANCE		0.00	0.00	
	08/29/95	31901	PENINSULA OFFICE EQU 950829-061					296.07	
	09/12/95	31901	PENINSULA OFFICE EQU 950829-061					-296.07	
	09/12/95	31901	PENINSULA OFFICE EQU 950829-061				296.07		195033
					YTD TOTALS	2,000.00	296.07	0.00	1,703.93 85.2%
66590	7780	Other Mach, Furn, & Equip> Natl Neigh Crime Prevention				0.00			
					BEGINNING BALANCE		0.00	0.00	
					YTD TOTALS	0.00	0.00	0.00	0.00 0.0%
PROGRAM TOTALS 7780 Natl Neigh Crime Prevention						21,214.00	11,066.63	1,350.00	8,797.37 41.5%
DEPARTMENT TOTALS 77 Grant Programs						21,214.00	11,066.63	1,350.00	8,797.37 41.5%
FUND TOTALS 61.80 Natl Neigh Crime Prevention Program						21,214.00	11,066.63	1,350.00	8,797.37 41.5%
*** GRAND TOTALS ***						21,214.00	11,066.63	1,350.00	8,797.37 41.5%





# REQUEST FOR ADVANCE OR REIMBURSEMENT (H-3)

(See instructions on back)

The information provided is used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 56, Common Rule, and OMB Circular A-110.

1. Type of Payment Requested <input checked="" type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	2. Basis of Request <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	Page 1 of 1 Pages
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3. Federal Sponsoring Agency and Organizational Element To Which Report is Submitted: U.S. Department of Justice, OJP	4. Federal Grant or Other Identifying No. Assigned by Federal Agency 94-DD-CX-0049	5. Partial Payment Request Number For This Request CS-001
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6. Employer Identification No. 94-6000412	7. Recipient's Acct. No. or Identifying No. N/A	8. PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) 7/1/95 TO (Month, day, year) 12/31/95
--	--	--

9. Recipient Organization Name: CITY OF SALINAS Number & Street: 200 LINCOLN AVENUE City, State & Zip Code: SALINAS, CA 93901	10. Payee (Where check is to be sent if different than item 9) Name: Number & Street: City, State & Zip Code:
--	--

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) SALARIES AND BENEFITS	(b) SUPPLIES AND MATERIALS	(c) COMPUTER EQUIPMENT AND FAX MACHINE	TOTAL
a. Total program outlays to date (12/31/95)	32,165.98	2,991.70	5,045.26	40,202.94
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)	32,165.98	2,991.70	5,045.26	40,202.94
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	32,165.98	2,991.70	5,045.26	40,202.94
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e	32,165.98	2,991.70	5,045.26	40,202.94
h. Federal payments previously requested	21,612.45	1,424.67	4,749.19	27,786.31
i. Federal share now requested (Line g minus line h)	10,553.53	1,567.03	296.07	12,416.63
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances.				
1st Month				
2nd Month				
3rd Month				

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

## 13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED 2/9/96
	TYPED OR PRINTED NAME AND TITLE MIGUEL O. GUTIERREZ SUPERVISING ACCOUNTANT	
	TELEPHONE Area Code 408 Number 758-7317 Extension	
	SPACE BELOW IS FOR AGENCY USE ONLY	

CLEARANCE	APPROVED FOR PAYMENT	GRANT MANAGER'S SIGNATURE	DATE
		FINANCIAL MANAGEMENT OFFICE	DATE

BATCH NUMBER	DATE PROCESSED	INITIALS MAILED 2/9/96
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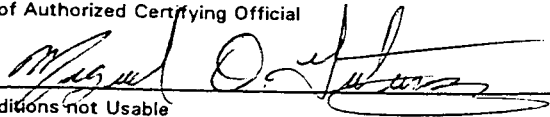


Page 14



FINANCIAL STATUS REPORT  
(Short Form)  
(Follow instructions on the back)

**COPY**

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S. Dept. of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>94-DD-CK-0049</b>		OMB Approval No. <b>0348-0039</b>	Page <b>1</b>	of <b>1</b> pages
Recipient Organization (Name and complete address, including ZIP code) <b>Salinas, City of 222 Lincoln Avenue Salinas, CA 93901</b>						
4. Employer Identification Number <b>94-6000412</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) <b>10/01/94</b>		To: (Month, Day, Year) <b>12/31/95</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/95</b>		To: (Month, Day, Year) <b>12/31/95</b>
10. Transactions:				I Previously Reported <b>9/30/95</b>	II This Period	III Cumulative
a. Total outlays				<b>33,426.56</b>	<b>5,426.38</b>	<b>38,852.94</b>
b. Recipient share of outlays				<b>0.00</b>		
c. Federal share of outlays				<b>33,426.56</b>	<b>5,426.38</b>	<b>38,852.94</b>
d. Total unliquidated obligations						<b>1,350.00</b>
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						<b>1,350.00</b>
g. Total Federal share (Sum of lines c and f)						<b>40,202.94</b>
h. Total Federal funds authorized for this funding period						<b>49,000.00</b>
i. Unobligated balance of Federal funds (Line h minus line g)						<b>8,797.06</b>
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate		c. Base	d. Total Amount		e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$  PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Miguel O. Gutierrez, Supervising Accountant</b>				Telephone (Area code, number and extension) <b>(408) 758 - 7317</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>2/8/96</b>		

Previous Editions not Usable

Standard Form 269A (REV 4-88)  
Prescribed by OMB Circulars A-102 and A-110

ORIGINAL: ACCOUNTING COPY

FAXED 2/8/96 74



u 426.



u 426.





# FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

# COPY

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S. Dept. of Justice</b> <b>Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p style="text-align: center;">94-DD-CK-0049</p>		OMB Approval No. <p style="text-align: center;">0348-0039</p>	Page <p style="text-align: center;">1</p>	of <p style="text-align: center;">1 pages</p>
3. Recipient Organization (Name and complete address, including ZIP code) Salinas, City of 222 Lincoln Avenue Salinas, CA 93901-0000						
4. Employer Identification Number <p style="text-align: center;">946000412</p>		5. Recipient Account Number or Identifying Number <p style="text-align: center;">N/A</p>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) <p style="text-align: center;">10/01/94</p>		To: (Month, Day, Year) <p style="text-align: center;">12/31/95</p>		9. Period Covered by this Report From: (Month, Day, Year) <p style="text-align: center;">07/01/95</p>		To: (Month, Day, Year) <p style="text-align: center;">09/30/95</p>
10. Transactions:				I Previously Reported 06/30/95	II This Period	III Cumulative
a. Total outlays				27,786.31	5,640.25	33,426.56
b. Recipient share of outlays				0.00		0.00
c. Federal share of outlays				27,786.31	5,640.25	33,426.56
d. Total unliquidated obligations						1,350.00
e. Recipient share of unliquidated obligations						0.00
f. Federal share of unliquidated obligations						1,350.00
g. Total Federal share (Sum of lines c and f)						34,776.56
h. Total Federal funds authorized for this funding period						49,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						14,223.44
11. Indirect Expense						
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$				PROGRAM INCOME: C. Forfeit \$    E. Expended \$ D. Other \$    F. Unexpended \$		
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <p style="text-align: center;">Miguel O. Gutierrez, Supervising Accountant</p>					Telephone (Area code, number and extension) <p style="text-align: center;">( 408 ) 753 - 7317</p>	
Signature of Authorized Certifying Official 					Date Report Submitted <p style="text-align: center;">10/30/95</p>	

Previous Editions not Usable

Standard Form 269A (REV 4-88)  
Prescribed by OMB Circulars A-102 and A-110

ORIGINAL: ACCOUNTING COPY





# REQUEST FOR ADVANCE OR REIMBURSEMENT (H-3)

(See instructions on back)

2501010

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 65, Common Rule, and OMB Circular A-110).

1. Type of Payment Requested <input checked="" type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	a. "X" one, or both boxes <input checked="" type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. Basis of Request <input checked="" type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	Initial Page 1 of 1 Pages	
3. Federal Sponsoring Agency and Organizational Element To Which Report is Submitted: U.S. Department of Justice, OJP			4. Federal Grant or Other Identifying No. Assigned by Federal Agency 94-DD-CX-0049	5. Partial Payment Request Number For This Request CS-001	
6. Employer Identification No. 94-6000412	7. Recipient's Acct. No. or Identifying No. N/A		8. PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) 1/1/95 TO (Month, day, year) 6/30/95		
9. Recipient Organization Name CITY OF SALINAS 200 LINCOLN AVENUE SALINAS, CA 93901			10. Payee (where check is to be sent if different from grantee's address) Name: Number: City, State: Zip Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a) SALARIES AND BENEFITS	(b) SUPPLIES AND MATERIALS	(c) COMPUTER EQUIPMENT AND FAX MACHINE	TOTAL
a. Total program outlays to date 6/30/95	21,612.45	1,424.67	4,749.19	27,786.31
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)	21,612.45	1,424.67	4,749.19	27,786.31
d. Estimated net cash outlays for advance period	21,612.45	1,424.67	4,749.19	27,786.31
e. Total (Sum of lines c & d)	21,612.45	1,424.67	4,749.19	27,786.31
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e	21,612.45	1,424.67	4,749.19	27,786.31
h. Federal payments previously requested	5,540.43	67.59		5,608.02
i. Federal share now requested (Line g minus line h)	16,072.02	1,357.08	4,749.19	22,178.29
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances.	1st Month			
	2nd Month			
	3rd Month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	\$
c. Amount requested (Line a minus line b)	\$

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	13. CERTIFICATION	
	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL MIGUEL O. GUTIERREZ	DATE REQUEST SUBMITTED 8/7/95
	TYPED OR PRINTED NAME AND TITLE MIGUEL O. GUTIERREZ SUPERVISING ACCOUNTANT	
TELEPHONE 408 758-7317		Extension

SPACE BELOW IS FOR AGENCY USE ONLY		
CLEARANCE	GRANT MANAGER'S SIGNATURE APPROVED FOR PAYMENT	DATE
	FINANCIAL MANAGEMENT OFFICE	DATE
BATCH NUMBER	DATE PROCESSED	INITIALS



# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to which Report is Submitted</b> <b>U.S. Dept. of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b> <b>94-DD-CX-0049</b>		<b>OMB Approval No.</b> <b>0348-0039</b>	<b>Page</b> <b>1</b>	<b>of</b> <b>1</b> <b>pages</b>
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <b>CITY OF SALINAS</b> <b>222 LINCOLN AVENUE</b> <b>SALINAS, CA 93901-0000</b>						
<b>4. Employer Identification Number</b> <b>946000412</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>N/A</b>		<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period(See Instructions)</b> <b>From: (Month, Day, Year)</b> <b>10/01/94</b>		<b>To: (Month, Day, Year)</b> <b>12/31/95</b>		<b>9. Period Covered by this Report</b> <b>From: (Month, Day, Year)</b> <b>04/01/95</b>		<b>To: (Month, Day, Year)</b> <b>06/30/95</b>
<b>10. Transactions:</b>				<b>I</b> <b>Previously</b> <b>Reported</b> <b>12/31/94</b>	<b>II</b> <b>This</b> <b>Period</b>	<b>III</b> <b>Cumulative</b>
a. Total outlays				5,608.02	22,178.29	27,786.31
b. Recipient share of outlays				0.00	0	0
c. Federal share of outlays				5,608.02	22,178.29	27,786.31
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total Federal share (Sum of lines c and f)						27,786.31
h. Total Federal funds authorized for this funding period						49,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						21,213.69
<b>11. Indirect Expense</b>						
<b>a. Type of Rate(Place "X" in appropriate box)</b> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
<b>12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b>  <div style="display: flex; justify-content: space-between;"> <div> A. Block/Formula passthrough \$  B. Federal Funds Subgranted \$ </div> <div> <b>PROGRAM INCOME:</b>  C. Forfeit \$  D. Other \$ </div> <div> E. Expended \$  F. Unexpended \$ </div> </div>						
<b>13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>						
<b>Typed or Printed Name and Title</b> <b>Miguel O. Gutierrez, Supervising Accountant</b>					<b>Telephone (Area code, number and extension)</b> <b>(408) 758 - 7317</b>	
<b>Signature of Authorized Certifying Official</b> 					<b>Date Report Submitted</b> <b>8/4/95</b>	

Previous Editions not Usable





# REQUEST FOR ADVANCE OR REIMBURSEMENT (H-3)

(See instructions on back)

Baldwin Police

OMB APPROVAL NO. 1121-0140 EXPIRES 1-31-96

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, and OMB Circular A-110).

1. Type of Payment Requested	a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. Basis of Request <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	Page <u>1</u> of <u>1</u> Pages
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3. Federal Sponsoring Agency and Organizational Element To Which Report Is Submitted: U.S. Department of Justice, OJP	4. Federal Grant or Other Identifying No. Assigned by Federal Agency 94-DD-CX-0049	5. Partial Payment Request Number For This Request CS-001
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6. Employer Identification No. 94-6000412	7. Recipient's Acct. No. or Identifying No. N/A	8. PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) <u>10/1/94</u> TO (Month, day, year) <u>12/31/94</u>
--	--	---

9. Recipient Organization Name: CITY OF SALINAS Number & Street: 200 LINCOLN AVENUE City, State & Zip Code: SALINAS, CA 93901-0000	10. Payee (Where check is to be sent if different than item 9) Name: Number & Street: City, State & Zip Code:
---	--

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a) SALARIES AND BENEFITS	(b) SUPPLIES AND MATERIALS	(c)	TOTAL
a. Total program outlays to date (as of date) <u>12/31/95</u>	\$ 5,540.43	\$ 67.59	\$	\$ 5,608.02
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)	5,540.43	67.59		5,608.02
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	5,540.43	67.59		5,608.02
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e	5,540.43	67.59		5,608.02
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)	5,540.43	67.59		5,608.02
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances.	1st Month			
	2nd Month			
	3rd Month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus b)	\$

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED 1/26/95
	TYPED OR PRINTED NAME AND TITLE Miguel O. Gutierrez, Supervising Accountant	
	TELEPHONE Area Code <u>408</u> Number <u>758-7317</u> Extension	

## SPACE BELOW IS FOR AGENCY USE ONLY

CLEARANCE	APPROVED FOR PAYMENT	GRANT MANAGER'S SIGNATURE	DATE
		FINANCIAL MANAGEMENT OFFICE	DATE

BATCH NUMBER	DATE PROCESSED	INITIALS
--------------	----------------	----------

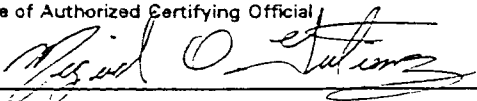




# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to which Report is Submitted</b> U.S. Dept. of Justice Office of Justice Programs		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b> 94-DD-CX-0049		<b>OMB Approval No.</b> 0348-0039	<b>Page</b>  	<b>of</b>  pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  CITY OF SALINAS 222 LINCOLN AVENUE SALINAS, CA 93901-0000						
<b>4. Employer Identification Number</b> 946000412		<b>5. Recipient Account Number or Identifying Number</b> N/A		<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period(See Instructions)</b> From: (Month, Day, Year) 10/01/94		To: (Month, Day, Year) 12/31/95		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) 10/01/94		To: (Month, Day, Year) 12/31/94
<b>10. Transactions:</b>				I Previously Reported 09/30/94	II This Period	III Cumulative
a. Total outlays				0.00	5,608.02	5,608.02
b. Recipient share of outlays				0.00	0	
c. Federal share of outlays				0.00	5,608.02	5,608.02
d. Total unliquidated obligations						4,141.75
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						4,141.75
g. Total Federal share (Sum of lines c and f)						9,749.77
h. Total Federal funds authorized for this funding period						49,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						39,250.23
<b>11. Indirect Expense</b>						
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
<b>12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b>						
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$				PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$		
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Miguel O. Gutierrez, Supervising Accountant					Telephone (Area code, number and extension) (408) 758 - 7317	
Signature of Authorized Certifying Official 					Date Report Submitted 1/26/95	



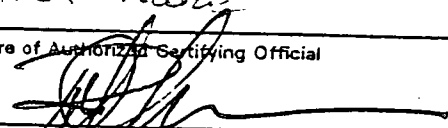
Sent 11/2/94 next day Air/UPS.

COPY

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 94-DD-CX-0049		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  CITY OF SALINAS 222 LINCOLN AVENUE SALINAS, CA 93901-0000						
4. Employer Identification Number 946000412		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 08/31/94		To: (Month, Day, Year) 12/31/95		9. Period Covered by this Report From: (Month, Day, Year) 07/01/94		To: (Month, Day, Year) 09/30/94
10. Transactions:				I Previously Reported / /	II This Period -	III Cumulative
a. Total outlays				0.00	0.00	0.00
b. Recipient share of outlays				0.00	0.00	0.00
c. Federal share of outlays				0.00	0.00	0.00
d. Total unliquidated obligations						0.00
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (Sum of lines c and f)						0.00
h. Total Federal funds authorized for this funding period						49,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						49,000.00
11. Indirect Expense						
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$  PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Rick Moore				Telephone (Area code, number and extension) (408) 755-7277		
Signature of Authorized Certifying Official 				Date Report Submitted 11/2/94		

Previous Editions not Usable



10/10/10

10/10/10

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to which Report is Submitted <b>U.S. Dept. of Justice</b> <b>Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>94-DD-CX-0049</b>		OMB Approval No. <b>0348-0039</b>		Page <b>1</b> of <b>1</b> pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="text-align: center;"> <b>CITY OF SALINAS</b>  <b>222 LINCOLN AVENUE</b>  <b>SALINAS, CA 93901-0000</b> </div>							
4. Employer Identification Number <b>946000412</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) <div style="text-align: center;"><b>08/31/94</b></div>		To: (Month, Day, Year) <div style="text-align: center;"><b>12/31/95</b></div>		9. Period Covered by this Report From: (Month, Day, Year) <div style="text-align: center;"><b>07/01/94</b></div>		To: (Month, Day, Year) <div style="text-align: center;"><b>09/30/94</b></div>	
10. Transactions:				I Previously Reported  / /	II This Period  - -	III Cumulative	
a. Total outlays				0.00	0.00	0.00	
b. Recipient share of outlays				0.00	0.00	0.00	
c. Federal share of outlays				0.00	0.00	0.00	
d. Total unliquidated obligations				0.00	0.00	0.00	
e. Recipient share of unliquidated obligations							
f. Federal share of unliquidated obligations							
g. Total Federal share (Sum of lines c and f)						0.00	
h. Total Federal funds authorized for this funding period						49,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						49,000.00	
11. Indirect Expense							
a. Type of Rate(Place "X" in appropriate box) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Provisional           <input type="checkbox"/> Predetermined           <input type="checkbox"/> Final           <input type="checkbox"/> Fixed         </div>							
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$				PROGRAM INCOME: C. Forfeit \$ D. Other \$			
				E. Expended \$ F. Unexpended \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title <div style="text-align: center;"><b>Rick Moore</b></div>					Telephone (Area code, number and extension) <div style="text-align: center;"><b>(408) 758-9277</b></div>		
Signature of Authorized Certifying Official					Date Report Submitted <div style="text-align: center;"><b>11/2/94</b></div>		



# **ANNOUNCEMENT GRANTEES SF 269 REPORTING SYSTEM**

An invitation is extended to all grantees to participate in the dial-in SF 269 Financial Report System. This system has been in use for over one year. A copy of the SF 269 Vendor User Manual is available. We encourage your participation.

To enter the system, use the communications software already provided for the LOCES system and follow the established DOJ/OJP dial-in procedures for other dial-in applications. Users who do not have a copy of the communications software or other questions may contact the Information Systems Division on (202) 307-5903. Use the PASSWORD indicated below for initial entry into the system:

PASSWORD: OJPSF269

After you connect to the OJP network, the system will automatically display the login screen for the SF 269 Financial Reporting System (refer to Exhibit 2.1-1 in the SF 269 Vendor User Manual). Your USERID and PASSWORD for the SF 269 System are:

USERID: Your 9-digit vendor number

PASSWORD: Vendor

After the initial entry into the system using the password "VENDOR", the users must change their password using the instructions found in Section 3.2 of the SF 269 Vendor User Manual. Then proceed as directed in the instruction.

Should you have any problems, contact Charles Adams on (202) 307-0609.



ca. 1908


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# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S. Dept. of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>94-DD-CX-0049</b>		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>CITY OF SALINAS 222 LINCOLN AVENUE SALINAS, CA 93901-0000</b>					
4. Employer Identification Number <b>946000412</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) <b>10/01/94</b>		To: (Month, Day, Year) <b>12/31/95</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/94</b> To: (Month, Day, Year) <b>12/31/94</b>	
10. Transactions:		I Previously Reported <b>09/30/94</b>		II This Period	
a. Total outlays		<b>0.00</b>			
b. Recipient share of outlays		<b>0.00</b>			
c. Federal share of outlays		<b>0.00</b>			
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					
h. Total Federal funds authorized for this funding period				<b>49,000.00</b>	
i. Unobligated balance of Federal funds (Line h minus line g)					
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$  PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title				Telephone (Area code, number and extension) ( ) -	
Signature of Authorized Certifying Official				Date Report Submitted	





**U.S. DEPARTMENT OF JUSTICE**  
Office of Justice Programs

**COPY**

## CATEGORICAL ASSISTANCE PROGRESS REPORT

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements — 28 CFR, Part 66, Common Rule, and OMB Circular A-110).

1. GRANTEE City Of Salinas Police Department, 222 Lincoln Ave. Salinas, California 93901		2. AGENCY GRANT NUMBER 94-DD-CX-0049	3. REPORT NO. 1st quarter
4. IMPLEMENTING SUBGRANTEE		5. REPORTING PERIOD (Dates) FROM: 01-01-95 TO: 03-31-95	
6. SHORT TITLE OF PROJECT Neighborhood Mobilization Program	7. GRANT AMOUNT \$49,000	8. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> FINAL REPORT	
9. NAME AND TITLE OF PROJECT DIRECTOR Rick Moore, Captain	10. SIGNATURE OF PROJECT DIRECTOR	11. DATE OF REPORT 4-30-95	

12. COMMENCE REPORT HERE (Continue on plain paper)

The East Side Service Center (ESSC) is progressing well in the first three months of the year. In the last report, we had identified problems in acquiring a business sign to identify the location of the service center. Additionally, the arrival of the computer, fax/copier, printer, and the network connection to the main police department's computer were identified.

I have made every effort to obtain a sign for the service center by way of donations and other community efforts. However, this has not been successful. Therefore, the department will absorb the cost in placing a sign in front of service center. Various business contacts have assured me that the cost will not be at retail prices. Although the residents in the area are finding the center without difficulty, there are still some residents who complain that they are having problems locating us.

Shortly after sending the last quarterly report, the computer, fax/copier, and printer arrived. All of the Community Service Aides (CSA) are making good use of the equipment. Currently, the CSAs are logging their daily activity reports in their individual files within the Microsoft "Excel" program. As they enter their activity my worksheet is automatically updated. This saves time and effort in tracking their activity. Also, when I prepare a monthly report to my supervisor I submit a written narrative that includes the monthly activity.

The network connection system is on hold pending further research on obtaining additional funding. The project was budgeted \$4,000, however, the actual cost was estimated at approximately \$10,000. The police department is unable to acquire the additional funding. We are currently seeking private funding from the community to complete the project. It is my opinion that alternative use of the funds may be necessary or other methods to telecommunicate with the main office need to be instituted.

There are a steady stream of activities at the Service Center. The four Community Service Aides are quite busy taking reports from the residents and providing requested assistance. The center is open Monday through Friday, between 0900 and 1700 hours. With the addition of the computer systems we have developed a

13. CERTIFICATION BY GRANTEE (Official signature)	14. DATE
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## INSTRUCTIONS FOR COMPLETING OJP CATEGORICAL ASSISTANCE PROGRESS REPORTS

Grantees are required to submit Progress Reports on project activities and accomplishments. It is expected that reports will include data appropriate to this stage of project development and in sufficient detail to provide a clear idea and summary of work and accomplishments to date. The following should be observed in preparation and submission of progress reports:

- a. Due Date. Reports are due 30 days after the close of each full calendar quarter. The final report is due 90 days following the close of the grant period or any extension thereof.
- b. Submission. Grantees shall submit to OJP: Office of the Comptroller an original and one copy of quarterly progress reports and an original and three copies of final progress reports.
- c. Form and Execution. Grantees should use OJP Form 4587/1 (Rev. 2-90) as a face sheet. If continuation pages are needed, plain bond paper is to be used. It should be noted that the report is to be signed by the person designated as project director on the grant application or any duly designated successor.
- d. Reporting Requirements. The reporting requirements noted in this section are designed to provide the grantor agency with sufficient information to monitor grant implementation and goal achievement. To support effective monitoring progress reports must be keyed to the grant implementation plan provided in Part IV of the grant application. Specifically, the report should:
  1. Indicate the status of each goal which was due for completion during a previous report quarter but carried over due to implementation or other problems.
  2. State the status of each goal which was scheduled to be achieved during the report period.
  3. State the corrective action planned to resolve implementation problems and state the effect of these problems on the remaining schedule for achieving the project remaining goals.
  4. If appropriate, identify changes which are needed in the implementation plan specified in Parts III and IV of the grant application to overcome problems. Changes which alter plans and/or goals set forth in Part III or IV of the application require prior grantor agency approval and the issuance of a Grant Adjustment Notice.
  5. State what technical assistance the grantor agency might provide during the coming quarter to help resolve implementation problems. If technical assistance has been provided to resolve implementation problems, state the problems (or tasks) addressed and the results (or impact) of the assistance provided.
  6. Based on the performance measures set forth in the grant application (implementation plan), indicate in quantitative terms the results (of the project) achieved both during the reporting period and cumulative-to-date. Explanatory and qualifying statements will be helpful here, especially if project objectives have changed.
- e. Special Requirements. Special reporting requirements or instructions may be prescribed for categorical projects in certain program or experimental areas to better assess impact and comparative effectiveness of the overall categorical grant program. These will be communicated to affected grantees by the agency.

---

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Comptroller, Office of Justice Programs, U.S. Department of Justice, 633 Indiana Avenue, NW., Washington, D.C. 20531; and to the Public Use Reports Project, 1121-0140, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

spreadsheet from "Excel" to keep track of the CSA's activities and to monitor their progress. When each of the CSAs enters their activity on their particular spreadsheet it automatically updates my monthly activity sheet. This saves time on personally counting each activity sheet for each employee.

The following is the activity for this quarter:

## 1st Quarter Report

January-March

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Citizen Contacts	12	29	21	9	10	18	7	10	31	23	12	15	26	19	20	26	24	7	11	13	1	5	17	15	9	7	26	5	1	11	15	455
Reports	9	35	22	6	4	22	10	7	17	16	7	9	14	14	8	14	20	8	7	17	3	8	14	22	9	4	22	6	0	10	9	373
Phone Calls In	23	63	56	16	14	29	16	22	44	42	27	26	51	30	22	38	54	22	23	36	17	15	33	54	23	14	57	18	4	26	25	940
Out	34	63	45	14	11	25	18	15	34	35	23	20	37	17	19	38	50	13	22	34	11	17	35	37	13	10	45	14	2	30	22	803
Public Assist	3	4	6	5	2	5	4	4	8	6	4	2	7	4	6	4	4	1	2	3	0	1	2	6	1	1	4	1	2	3	7	112
Reports Mailed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Bilingual Details	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	3	3	0	0	3	0	2	5	2	0	0	3	3	0	0	0	26
Citation Cleared	0	0	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3	0	0	2	0	0	0	1	0	0	0	0	11
Phone Overload	2	3	0	0	0	0	0	0	0	2	0	0	0	1	0	3	4	2	0	2	0	1	2	2	0	0	7	4	0	0	3	38

The only disappointment at this time is the inability to implement a of the task force for the target area. The police department has made several attempts to solicit cooperation within the target area for residents to become involved in the task force. However, the response from the community was little to none. We are planning to try again and hopefully the response will improve. One of the reasons for little to no cooperation is the lack of trust from the community with their police department. The program manager is currently contacting service organizations such as ACORN, Healthy Start, and the schools to find residents interested in becoming involved in the task force. It is hopeful that through the association of trusted organizations residents within the target area will become more involved and join the task force.

With the cooperation of the Police Community Advisory Committee (PCAC) and the Violent Injury Prevention Program (VIPP), we were able to obtain some valuable information about the target area and surrounding areas. These programs have been ongoing for quite some time. Data extracted from their research has helped in setting up a base line for the survey that targeted residents will hopefully participate in.

Prepared by

Brandon Hill, Community Resource Officer

BNH:bh





**U.S. DEPARTMENT OF JUSTICE**  
Office of Justice Programs

# CATEGORICAL ASSISTANCE PROGRESS REPORT **COPY**

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements — 28 CFR, Part 66, Common Rule, and OMB Circular A-110).

1. GRANTEE City Of Salinas Police Department, 222 Lincoln Ave. Salinas, California 93901		2. AGENCY GRANT NUMBER 94-DD-CX-0049	3. REPORT NO. 2nd quarter
4. IMPLEMENTING SUBGRANTEE		5. REPORTING PERIOD (Dates) FROM: TO: 06-30-95	
6. SHORT TITLE OF PROJECT Neighborhood Mobilization Program		7. GRANT AMOUNT \$49,000	8. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> FINAL REPORT
9. NAME AND TITLE OF PROJECT DIRECTOR MAYOR, CAPTAIN	10. SIGNATURE OF PROJECT DIRECTOR	11. DATE OF REPORT 95	
12. COMMENCE REPORT HERE (Continue on plain paper)			
<p>The East Side Service Center (ESSC) has been doing well for the last three months. Most of the projects slated for this program are either being implemented or will start soon. The business sign identifying the service center is still needed. In the last report, it was stated that the police department would absorb the cost. Due to budget restraints, the police department will not be able to purchase the sign. Alternate methods being explored have met with negative results.</p> <p>Since the network connection funds are not being used for this program, money slated for this project could be transferred to purchase a business sign. We contacted your office and advised you of our plan. This project was approved. We are currently looking for a vendor to start the project and install the much needed sign above the service center.</p> <p>Concerning the network connection, we decided to go with a more economic approach. Instead of installing several dedicated phone lines for the service center to connect a fax line, the California Law Enforcement Terminal (CLET), the Records Management Systems (RMS), and the Police Network Systems, a modem phone line will take its place. The modem will connect to the police network systems. This at least will provide e-mail information for officers assigned to the target area, and allow them to share information with the main office. We are currently using laptops to communicate with the department when administrative personnel are out of town for extended amounts of time.</p> <p>The service center is still receiving a steady amount of activity during business hours. We anticipate the hours for the Service Center will extend to the evenings to accommodate residents getting off work late. The main office is closed to the public after 6:00 PM and the service center will stay open until 9:00 PM.</p> <p>One of the concerns for the service center is the lack of phones lines. Currently, there are two lines into the service center. At times when two CSAs are using the phones to take reports, it necessitates using a portable police radio to obtain report numbers or other information. We have had complaints from residents that they were unable to call the service center because the phone lines were busy. The CSAs are trying to keep track by noting on their activity sheet the number of phone overload complaints they encounter each day. I requested</p>			
13. CERTIFICATION BY GRANTEE (Official signature)			14. DATE

## INSTRUCTIONS FOR COMPLETING OJP CATEGORICAL ASSISTANCE PROGRESS REPORTS

Grantees are required to submit Progress Reports on project activities and accomplishments. It is expected that reports will include data appropriate to this stage of project development and in sufficient detail to provide a clear idea and summary of work and accomplishments to date. The following should be observed in preparation and submission of progress reports:

- a. Due Date. Reports are due 30 days after the close of each full calendar quarter. The final report is due 90 days following the close of the grant period or any extension thereof.
- b. Submission. Grantees shall submit to OJP: Office of the Comptroller an original and one copy of quarterly progress reports and an original and three copies of final progress reports.
- c. Form and Execution. Grantees should use OJP Form 4587/1 (Rev. 2-90) as a face sheet. If continuation pages are needed, plain bond paper is to be used. It should be noted that the report is to be signed by the person designated as project director on the grant application or any duly designated successor.
- d. Reporting Requirements. The reporting requirements noted in this section are designed to provide the grantor agency with sufficient information to monitor grant implementation and goal achievement. To support effective monitoring progress reports must be keyed to the grant implementation plan provided in Part IV of the grant application. Specifically, the report should:
  1. Indicate the status of each goal which was due for completion during a previous report quarter but carried over due to implementation or other problems.
  2. State the status of each goal which was scheduled to be achieved during the report period.
  3. State the corrective action planned to resolve implementation problems and state the effect of these problems on the remaining schedule for achieving the project remaining goals.
  4. If appropriate, identify changes which are needed in the implementation plan specified in Parts III and IV of the grant application to overcome problems. Changes which alter plans and/or goals set forth in Part III or IV of the application require prior grantor agency approval and the issuance of a Grant Adjustment Notice.
  5. State what technical assistance the grantor agency might provide during the coming quarter to help resolve implementation problems. If technical assistance has been provided to resolve implementation problems, state the problems (or tasks) addressed and the results (or impact) of the assistance provided.
  6. Based on the performance measures set forth in the grant application (implementation plan), indicate in quantitative terms the results (of the project) achieved both during the reporting period and cumulative-to-date. Explanatory and qualifying statements will be helpful here, especially if project objectives have changed.
- e. Special Requirements. Special reporting requirements or instructions may be prescribed for categorical projects in certain program or experimental areas to better assess impact and comparative effectiveness of the overall categorical grant program. These will be communicated to affected grantees by the agency.

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additional phone lines through the department to augment our phone services. As you look at this quarterly activity report, note the number of phone overload complaints received.

The following is the service center's activity for the quarter:

## 2nd Quarter Report

April-June

COPY

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Citizen Contacts	20	17	22	15	36	21	22	16	17	18	15	32	21	32	18	15	12	19	26	20	23	17	24	19	14	26	33	26	19	29	7	651
Reports	15	16	19	9	12	15	15	14	10	17	12	27	16	18	13	9	12	17	16	10	9	4	15	13	13	19	17	20	7	20	5	434
Phone Calls In	34	34	47	34	59	38	45	36	41	39	39	55	39	48	40	34	36	51	57	45	46	34	45	44	35	50	45	54	27	52	19	1,302
Out	35	39	47	27	50	33	48	31	37	39	39	67	46	45	45	38	45	44	47	37	41	37	40	35	32	52	44	60	26	48	22	1,276
Public Assist	11	9	12	3	13	12	7	9	8	7	12	16	11	18	11	9	8	9	19	13	11	16	16	15	9	20	14	17	10	20	7	372
Reports Mailed	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	1	2	1	1	0	0	0	0	0	0	8
Bilingual Details	5	6	12	6	11	8	8	7	6	7	5	17	11	11	8	4	9	10	16	8	7	11	6	6	6	10	12	12	9	10	2	266
Citation Cleared	0	0	1	0	0	0	0	1	0	0	0	0	3	0	0	0	1	1	0	1	1	0	0	1	0	0	0	0	0	1	0	11
Phone Overload	12	10	20	18	14	11	18	13	6	17	15	17	15	19	7	2	22	19	15	13	9	6	11	12	16	17	13	14	4	15	4	404

Prepared by

Brandon Hill, Community Resource Officer

BNH:bh





**U.S. DEPARTMENT OF JUSTICE**  
Office of Justice Programs

## CATEGORICAL ASSISTANCE PROGRESS REPORT

CC-1

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1. GRANTEE City Of Salinas Police Department, 222 Lincoln Ave Salinas, California 93901		2. AGENCY GRANT NUMBER 94-DD-CX-0049	3. REPORT NO. 3rd quarter
4. IMPLEMENTING SUBGRANTEE		5. REPORTING PERIOD (Dates) FROM: 01-95 TO: 09-30-95	
6. SHORT TITLE OF PROJECT Neighborhood Mobilization Program		7. GRANT AMOUNT \$49,000	8. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> FINAL REPORT
9. NAME AND TITLE OF PROJECT DIRECTOR LARRY M. GOS, Captain		10. SIGNATURE OF PROJECT DIRECTOR	11. DATE OF REPORT 11-05-95
12. COMMENCE REPORT HERE (Continue on plain paper) <p>The third quarter was very successful in the area of trying to motivate the community to become involved with the Police Department. Due to the longer daylight hours, the Service Center hours were extended to nine o'clock in the evening. This has given residents the opportunity to contact the service center about problems that arise. A Community Service Aide (CSA) is assigned to the center between 5:00 PM and 9:00 PM. He advises that the response from the community was overwhelming. The residents liked the idea that the service center is open late in the evening. The police officers who patrol the area stopped in more often. Residents were bringing refreshments for the officers and CSAs. Young children were stopping by to say hello or to talk to their favorite police officer.</p> <p>The Crime Prevention Unit (which is the Community Resource Officer's responsibilities) and the Police Community Advisory Committee (PCAC) put together a Community Police Academy for twenty-two residents and business people. The goal was to give a better insight of operations within the police department. The course was twelve weeks long and consisted of three class hours once a week. Some of the classes consisted of evidence collection, property crimes, crimes against person, police operations, internal affairs, and other courses. There were over twenty different police personnel instructing the classes and giving demonstrations.</p> <p>The overall evaluation and response to this academy were fantastic. The local newspaper covered the entire twelve week course. Each week, the reporter would write about whatever topics were discussed during the class. The community became interested in the weekly articles and wanted to know more about their police department. They also wanted to become involved in the academy to familiarize themselves with what the reporter was experiencing. The most exciting part was the target community was becoming involved and asking questions. Now, they want to know about neighborhood watch programs and other services offered from the city and the police department.</p>			
13. CERTIFICATION BY GRANTEE (Official signature)			14. DATE

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The Service Center's activities are still going strong. The community is becoming aware of the services provided by the service center and recognizes its value to their neighborhood. This quarter's activity is as follows:

## 3rd Quarter Report

July-September

COPY

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Citizen Contacts	25	10	16	26	21	28	28	16	10	23	24	16	22	42	17	11	23	32	20	26	32	25	7	33	27	23	13	23	15	12	30	676
Reports	22	6	16	20	20	18	23	19	7	11	25	9	22	35	9	13	13	34	23	17	27	16	8	28	25	24	20	28	17	9	25	589
Phone Calls In	44	22	38	45	42	56	49	46	19	39	67	27	45	76	38	21	33	51	42	35	61	32	19	53	68	53	41	58	34	23	47	1,324
Out	43	20	42	46	32	46	48	46	19	35	56	26	42	62	37	17	34	51	39	30	51	30	17	56	68	44	43	50	34	19	40	1,223
Public Assist	22	7	10	21	11	21	22	12	5	13	18	9	14	30	10	5	19	18	12	14	23	13	4	29	17	19	10	18	20	7	17	470
Reports Mailed	0	0	1	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	5
Bilingual Details	12	9	8	17	12	17	12	12	7	17	11	7	13	21	4	5	15	16	7	6	19	6	7	18	10	11	5	16	13	7	15	355
Citation Cleared	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4	1	1	0	1	0	0	10
Phone Overload	8	3	3	7	6	11	16	8	4	3	10	9	6	21	6	4	5	12	12	7	13	4	3	14	8	11	8	6	9	4	7	248

The sign for the service center has finally been ordered. We expect the sign will take a few weeks for delivery. As stated in the earlier reports, the sign was financed through money slated for the network connections between the police department, state (CLET), federal (NCIC), local agencies, and the service center. However, since this would cost far more than expected (more than \$10,000), a phone and fax mode are being used to communicate with the police department's network system. This enables us to access and communicate through the e-mail system.

To complete the communication circle for the Crime Prevention Unit, an additional computer system including a fax and modem hardware should be purchased with the remainder of the grant funds. The crime prevention unit has expanded since the start of the grant. In addition to the two Community Resource Officers, we have three Community Coordinators, and three Community Response Officers. The Resource Officers primarily work out of the main office while the Coordinators and the Response Officers usually work out of the Service Center. We are starting a newsletter for the residents beginning in December. The Response Officers are responsible for a specific areas of the city. They will place an insert to the main office newsletter with information concerning their area. The coordinators will also place inserts into the newsletter with their particular area. The Resource Officers are responsible for the main newsletter and implementation. The computer systems would make it easier to transfer information between the service center and the Crime Prevention Office. Good communication is critical.

The Crime Prevention Unit does not have such equipment although we have budgeted, planned, and wished for it only to have it cut from the department budget or diverted to other inter-departments. There are no plans to purchase such equipment.

Prepared By

Brandon Hill, Community Resource Officer

BNH:bh





