**Application to Become a Pilot Site for the CSSRC/CSPV - Bureau of Justice Assistance’s**

**STOP School Violence Technology and Threat Assessment Solutions for Safer Schools Program**

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Name of School and District Date of Application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal (please print) Signature of Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Project Lead at School (if other than Principal) (please print) Signature

Does the school currently have a threat assessment team: Yes \_\_\_\_\_ No \_\_\_\_\_

How many members are on the team and what are their roles (i.e. school mental health, administrator, etc.)

Number of team members: \_\_\_\_\_\_\_\_\_\_ Number of students in the school: \_\_\_\_\_\_\_\_\_\_

Roles represented on the team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What threat assessment protocol is the team using?

\_\_\_\_\_ Adams County/CSSRC Protocol

\_\_\_\_\_Our district’s protocol

\_\_\_\_\_ None

\_\_\_\_\_ Other: Please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the team last trained: \_\_\_\_\_\_\_\_\_\_ Who trained them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/year

Can your team commit to all the specifications in the MOU? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

When could the team conduct the 6-hour baseline training: May \_\_\_\_\_\_\_ June \_\_\_\_\_\_\_ July \_\_\_\_\_\_

(Consideration for training will also depend upon the lifting of COVID-19 restrictions)

If accepting stipends for staff to participate in the training (which is encouraged) are you able to have accounting assistance from the school to verify staff daily pay rates and complete the paperwork to reimburse staff for their time? Yes \_\_\_\_\_ No \_\_\_\_\_