**Oklahoma Municipal Assurance Group**

**Body Camera Grant Program**

**PURPOSE**

The Oklahoma Municipal Assurance Group encourages our law enforcement agencies to observe “best practices” in an effort to reduce liability exposure. OMAG recognizes the limited resources currently available to our law enforcement agencies and wishes to provide a limited number of grants through the Body Worn Video Camera Program. OMAG’s Law Enforcement Specialist has created unique criteria and an application to achieve this end.

**APPLICATION REQUIREMENTS**

A complete application package includes the completed application form, completed questionnaire, copy of agency’s Body Worn Video policy/procedure, and a letter of support from the city manager or mayor which should address a financial commitment to maintain the program. Applicants shall currently utilize Lexipol as their policy development resource.

**AWARDS**

Applicant must be employed as a Police Chief with an OMAG Liability Plan member municipality. Grants will be awarded based on budgeted funds. Grants will only be awarded to agencies who have recently purchased cameras or, who have a current plan in place to implement a body worn video program. Recipients are encouraged to participate in a public presentation of the grant.

**WAITING LIST**

If the Committee receives more applications than available funding, the Chair will maintain a waiting list and will notify those on the list of their placement.

**RECIPIENT REQUIREMENTS**

Grant recipients are required to communicate with OMAG’s Law Enforcement Specialists within 30 days of receipt of the funds in order to schedule evaluation of training needs and policy manual review. Grant recipients are required to develop, distribute, and conduct training on an OMAG approved policy addressing camera use (through Lexipol Daily Training Bulletins).

All forms should be addressed to:

OMAG

Attn: Kevin McCullough

3650 S. Boulevard

Edmond, OK 73013

Please contact the OMAG Body Worn Video Camera Program Committee Chair Kevin McCullough at 405-657-1408 or kmccullough@omag.org if you need further details.

**Oklahoma Municipal Assurance Group**

**Individual Body Camera Program**

**PROGRAM APPLICATION FORM**

|  |  |
| --- | --- |
| **APPLICANT NAME/TITLE:** | **AGENCY NAME:** |
| **IS YOUR MUNICIPALITY AN OMAG MEMBER?** **YES NO** | **EMAIL ADDRESS:** |
| **AGENCY PHYSICAL ADDRESS:** | **AGENCY MAILING ADDRESS:** |
| **AGENCY PHONE NUMBER:** | **AGENCY FAX NUMBER:** |
| **NUMBER OF SWORN EMPLOYEES:** | **NUMBER OF CIVILIAN EMPLOYEES:** |
| **TOTAL POLICE BUDGET FOR CURRENT FISCAL YEAR:** | **TOTAL EQUIPMENT BUDGET FOR CURRENT FISCAL YEAR:** |
| **DO YOU OPERATE A DETENTION FACILITY?** **YES NO****TYPE: HOLDING LOCK-UP JAIL NONE** | **DOES YOUR AGENCY CURRENTLY OWN/OPERATE DASH CAMS OR INDIVIDUAL CAMERAS?****YES NO** |
| **HAVE YOU USED OMAG LAW ENFORCEMENT SERVICES IN THE PAST? YES NO** | **CURRENTLY UTILIZE LEXIPOL:****YES NO** |

**Oklahoma Municipal Assurance Group**

**Individual Body Camera Program**

**PROGRAM APPLICANT QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **N/A** | **Yes** | **No** |
| Does your agency have a policy/procedure manual? |  |   |   |
| Is the manual available to each employee? |  |  |  |
| Has the manual been updated? |  |   |   |
| Does your department utilize reserves? |  |  |  |
| Field Training Program established? |  |  |  |
| Are Less than Lethal weapons authorized? |  |  |  |
| **Does your policy manual address the following:** | **N/A** | **Yes** | **No** |
| Ethics/Conduct |  |   |   |
| Use of Force |  |   |   |
| Racial Profiling |  |   |   |
| Jail/Lock-up/Holding |  |   |   |
| Domestic Violence complaints |  |   |   |
| Disciplinary Procedures |  |   |   |
| Training |  |   |   |
| Reserves |  |   |   |
| Arrest alternatives |  |   |   |
| Search and Seizure |  |   |   |
| Handling of Mentally Ill |  |   |   |
| Emergency Vehicle Operations/Pursuits |  |   |   |
| Search Warrants |  |   |   |
| Ride-Along |  |   |   |
| **Do you offer annual training in the following:** | **N/A** | **Yes** | **No** |
| Less than lethal weapons |  |   |   |
| Use of Force |  |   |   |
| Mental Health |  |   |   |
| Professional Conduct |  |   |   |
| LEDT |  |   |   |
|  | **N/A** | **Yes** | **No** |
| Annual Firearms Qualification |  |   |   |
| Annual Jail Personnel Certification |  |   |   |
| Comply with CLEET CE Standards |  |   |   |
| Comply with Jail Standards |  |  |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_