

Public Safety Committee

Committee Members:

The Honorable Ray Graham, Chairman The Honorable Craig Wooten The Honorable Jimmy Davis

Friday, September 20, 2019 at 11:30 a.m.

Historic Courthouse- 2nd Floor Conference Room

1. Call to Order: Chairman S. Ray Graham

2. Invocation and Pledge of Allegiance: Councilman Mr. Brett Sanders

3. 2019 LEMPG Grant: Lieutenant David Baker

4. 2019 VOCA Grant: Captain Ross Brown

5. 2019 State Homeland Security Program Grants:

a. 19SHSP03Captain Ross Brownb. 19SHSP10Captain Ross Brownc. 19SHSP17Mr. Terry King

6. Body- Worn Camera Grant: Captain Ross Brown

7. 2019 JAG Grant: Captain Ross Brown

8. Adjournment:

Tommy DunnChairman, District 5

Craig Wooten
Council District 1

Brett SandersCouncil District 4

Cindy WilsonCouncil District 7

Ray Graham
V. Chairman, District 3

Gracie Floyd
Council District 2

Jimmy Davis
Council District 6

Lacey Croegaert
Clerk to Council

Rusty Burns County Administrator rburns@andersoncountysc.org

| 018-2023 FISCAL I | MPACT | | | | Dept | 5212 | Eme | rgency Service | 98 |
|--|---|---|--|--------------------------------|---------------------------------|-----------------------|--|----------------|--|
| Grant Name: Grant Number: Grant Period: Grant Award: | Local Emergency Mgmt Perfomance Grant 2019 LEMPG 7/1/2019 - 6/30/2020 \$75,771 | Address/ Location: 200 Bleckley St. Anderson, SC 29624 | | | Area Served: Anderson County | | Council District: | | All |
| | | Justification: | | | | | | | |
| Project Manager: Contact Number: | Lt. David Baker (864) 260-4197 | With this year's LEMPG funds, we have sub SC Emergency Management Division (SCE | | | | r the following | ng expenditures. Th | nese have been | approved by |
| assist state, local, triba hazards, as authorized Emergency Assistance Stafford Act authorizes providing a system of e life and property in the responsibility for emer | MPG Program is to make grants to states to I and territorial governments in preparing for all by the Robert T. Stafford Disaster Relief and Act (42 U.S.C. 5121 et seq.). Title VI of the FEMA to make grants for the purpose of emergency preparedness for the protection of United States from hazards and to vest gency preparedness jointly in the federal ates and their political subdivisions. The | Salary reimbu CERT supplie | ursement for el | igible personne | el who have pas | sed require | orinting, food, pape d training courses f at LEMPG grant per | or emergency n | |
| federal govemment, the direction, coordination assistance, as authoria | rough the EMPG Program, provides necessary and guidance, and provides necessary ted in this title so that a comprehensive less system exists for all hazards. | | hen assessing | damage and o | conducting sear | rches. | salaries of eligible | | |
| federal government, the direction, coordination assistance, as authoria | and guidance, and provides necessary and in this title so that a comprehensive | an aerial view v | hen assessing | damage and o | conducting sear | rches. | | | |
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| federal govemment, the direction, coordination assistance, as authoria | and guidance, and provides necessary ted in this title so that a comprehensive ess system exists for all hazards. | an aerial view v This grant requi personnel. | rhen assessing | g damage and o | conducting sear | rches. ugh reporting | g salaries of eligible | Emergency Ma | anagement Cumulative Operationa |
| federal government, the direction, coordination assistance, as authorizemergency preparedness. | and guidance, and provides necessary ted in this title so that a comprehensive ess system exists for all hazards. | an aerial view v This grant requi personnel. Grant Award Amount | then assessing ires a 50% materials from the second | g damage and o | conducting sear | rches. ugh reporting | g salaries of eligible | Emergency Ma | Cumulative Operationa Costs |
| federal government, the direction, coordination assistance, as authorizemergency preparedness. | and guidance, and provides necessary ted in this title so that a comprehensive ess system exists for all hazards. | an aerial view v This grant requipersonnel. Grant Award Amount 50,039 | then assessing ires a 50% materials from the second | g damage and o | conducting sear | rches. ugh reporting | g salaries of eligible | Emergency Ma | Cumulative Operationa Costs 75,771 |
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| federal government, the direction, coordination assistance, as authorizemergency preparedness. Personnel Operating Cost Contractual Costs | and guidance, and provides necessary ted in this title so that a comprehensive ess system exists for all hazards. | an aerial view v This grant requipersonnel. Grant Award Amount 50,039 18,732 | rhen assessing ires a 50% mat FY 19-20 75,771 | g damage and o | conducting sear | rches. ugh reporting | g salaries of eligible | Emergency Ma | Cumulative Operational Costs 75,771 0 0 0 0 0 |
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| Form approved for submission by: | 9-6-19 |
|-------------------------------------|--------|
| Date Approved by Finance Committee: | |
| Date Approved by County Council: | |

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| | GRANICA | PITALITEMS | |
|------------------------------|--|--|---------------------|
| If you are requesting new | Capital Items on the grant (Item | ms over \$1.000), please provi | de |
| | ion and where the item will be u | | |
| - | Frant Fiscal Impact Form to Fina | The state of the s | |
| DEPARTMENT: | 5212 | | |
| DEPARTMENT. | 5212 | | |
| GRANT NAME: | 2019 LEMPG | GRANT NUMBER: | 19EMPG01 |
| PROJECT MGR: | David Baker | CONTACT NUMBER: | (864) 260-4197 |
| CAPITAL ITEM | | | |
| REQUESTED: | Small unmanned aircraft | | |
| LOCATION WHERE | | | |
| CAPITAL ITEM WILL BE | | | |
| USED: | Emergency Management Office | ce | |
| DETAIL DESCRIPTION | | | |
| AND PURPOSE FOR | Small unmanned aircraft nurc | hased for emergency manager | ment nurnoses |
| CAPITAL ITEM: | | al awareness during response | |
| | | ergencies. It would allow oper | |
| | Management staff to gain an a | erial view when assessing dar | nage and conducting |
| | search and rescue missions re | elated to disasters and emerge | ency incidents. |
| | Price should include taxes and LACES OLD ITEM ALREADY Of the below) | | YES NO (Circle one) |
| f so, please tell how item t | o be replaced will still be used | and location where it will be us | sed. |
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| IGNATURE OF DEPARTM | ENT MANAGER: | 400 | |
| IGNATURE OF DIVISION E | DIRECTOR: | | |
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SOUTH CAROLINA EMERGENCY MANAGEMENT DIVISION 2779 Fish Hatchery Road West Columbia, SC 29172-2024

GRANT AWARD

SUBRECIPIENT: Anderson County Emergency Services Division

DATE: July 26, 2019

GRANT PERIOD: 07/01/19 - 06/30/20

PROGRAM NAME: LEMPG

CFDA No.: 97.042

GRANT NO: 19EMPG01

TOTAL AWARD: \$75,771

The South Carolina Emergency Management Division, Office of the Adjutant General, under the Department of Homeland Security and South Carolina Law Enforcement Division Grant No. 19EMPG01, hereby awards to the aforementioned SUBRECIPIENT a federal award in the amount shown above. This amount is inclusive of the Anderson County project award(s) as specified in the FY-2019 Local Emergency Management Performance Grant application. Additionally, this award includes the amount, if requested, for the CERT program. The CERT work and amount must also be included in the scope of work and budget worksheets. This grant award is subject to the terms and conditions set forth in the application.

The grant shall become effective as of the date of award and upon return of an original signed copy of this document by the SUBRECIPIENT's designated official(s) to the South Carolina Emergency Management Division. This award must be accepted within thirty (45) days from the above date. It is agreed that quarterly progress, finance and other reports, as required by the South Carolina Emergency Management Division, must be submitted in accordance with the Terms and Conditions of the award.

The SUBRECIPIENT, hereby assures and certifies that it will comply with the regulations, policies, guidelines and requirements to include equipment accountability as set forth in 2 Code of Federal Regulations (CFR) 200, as they relate to the application acceptance and use of federal funds.

Steven Batson, Chief of Staff

South Carolina Emergency Management Division

Office of the Adjutant General

Acceptance for the SUBRECIPIENT:

County Administrator/Manager

Date: 8/12/2019

| EMD FORM LEMPG | | | | | | |
|--|-----------------|---|--|--|--|--|
| STATE OF SOUTH CAROLINA EMERGENCY MANAGEMENT DIVISION OFFICE OF THE ADJUTANT GENERAL | | | | | | |
| Grant #: 19EMPG01 | | Project Title: 97.042 Emerge | ency Management Performance Grant | | | |
| Project Period Begins: July 1, 20 | 19 | Ends: June 30, 2020 | | | | |
| County Name: Anderson County Number: 7 | | Name and Address of Imp Anderson County Eme 200 Bleckley Street Anderson, SC 29625 | olementing Agency: rgency Services Division | | | |
| U.S. Congressional District: 3 | | (Area) Phone #: 864-33 (Area) Fax #: | 2-5732 | | | |
| Type of Application | | Organization Type | | | | |
| ☑ Initial ☐ Revi | sion | ☐ Sta | te 🛛 County | | | |
| Revision Date: | | ☐ City | y Private | | | |
| COMPLETE PAG | ES 2&3 BEFORE C | OMPLETING THIS SECTION | I – SEE INSTRUCTIONS | | | |
| BUDGET: US | E WHOLE DOLLAR | RS ONLY! (For Example: \$1, | 500 NOT \$1,500.00) | | | |
| a. <u>Budget Categories</u> | FEDERAL | AGENCY MATCH | TOTAL | | | |
| Personnel | \$50,039 | \$75,771 | \$125,810 | | | |
| Contractual Services | \$0 | \$0 | \$0 | | | |
| Travel | \$4,050 | \$0 | \$4,050 | | | |
| Equipment | \$7,000 | \$0 | \$7,000 | | | |
| Supplies | \$7,682 | \$0 | \$7,682 | | | |
| Other | \$0 | \$0 | \$0 | | | |
| TOTAL | \$68,771 | \$75,771 | \$144,542 | | | |
| CERT | \$7,000 | \$0 | \$7,000 | | | |
| GRAND TOTAL | \$75,771 | \$75,771 | \$151,542 | | | |
| PERCENTAGE: | 50%_ | 50% | 100%_ | | | |
| APPROPRIATION OF | | ATCHING FUNDS Sching funds from Non-Fede | State 🛛 County 🗌 City | | | |

| EMD FORM LEMPG | BUDGET | DESCRIPTION | | | Page 2 |
|-----------------------------|--|-------------|----------|----------|-----------|
| ELIGIBLE COSTS | (see Page 4) | | | | |
| | CATEGORIES | | | | |
| I. PERSONNEL | | | | | |
| A. Salaries | | | MATCHIN | IG FUNDS | |
| Name | Title | FEDERAL | CASH | IN-KIND | TOTAL |
| Anita Donley | Emergency Management Administrative Assistant | \$38,000 | \$0 | \$0 | \$38,000 |
| David Baker | Emergency Preparedness Director | \$0 | \$67,830 | \$0 | \$67,830 |
| | | | | | |
| Total Salaries: | | \$38,000 | \$67,830 | \$0 | \$105,830 |
| EMPLOYER COI | NTRIBUTIONS (Fringe Benefits) | \$12,039 | \$7,941 | \$0 | \$19,980 |
| Total Fringe Be | enefits: | \$12,039 | \$7,941 | \$0 | \$19,980 |
| TOTAL PERSO | NNEL: | \$50,039 | \$75,771 | \$0 | \$125,810 |
| II. CONTRACTI | JAL SERVICES (Itemized) | | | | |
| | | | | | |
| TOTAL CONTRACTUAL SERVICES: | | \$0 | \$0 | \$0 | \$0 |
| III. TRAVEL (Ite | mized) | | | | |
| Registration | | \$1,000 | \$0 | \$0 | \$1,000 |
| Hotel/Lodging | | \$1,800 | \$0 | \$0 | \$1,800 |
| Mileage/Fuel/Travel Costs | | \$500 | \$0 | \$0 | \$500 |
| Meals | | \$750 | \$0 | \$0 | \$750 |
| TOTAL TRAV | /EL: | \$4,050 | \$0 | \$0 | \$4,050 |

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| EMD FORM LEMPG | BUI | OGET DES | CRIPTION | | | Page 3 |
|------------------------------------|-------------------------|----------|----------|---------|---------|---------|
| CA | TEGORIES | | | | | |
| V. EQUIPMENT (\$1,0 | 000 or more per Unit | | | | | |
| Itemize – DO NO | T USE BRAND NAME. | | | | | |
| DO NOT include | leased or rented items. | | | MATCHIN | G FUNDS | |
| ITEM | FEMA AEL# | QTY | FEDERAL | CASH | IN-KIND | TOTAL |
| Small Unmanned Aircraft | 03OE-07-SUAS | | \$7,000 | \$0 | \$0 | \$7,000 |
| | | | | | • | 47.000 |
| TOTAL EQUIPMENT | | | \$7,000 | \$0 | \$0 | \$7,000 |
| VI. SUPPLIES (Desc | | | | | | |
| Office Supplies/Meals/ | Training Materials | | \$7,682 | \$0 | \$0 | \$7,682 |
| | | | | | | |
| TOTAL SUPPLIES: | | | \$7,682 | \$0 | \$0 | \$7,682 |
| VII. OTHER: (Itemize |) | | | | | |
| | | | | | | |
| TOTAL OTHER | | | 60 | 60 | 60 | •0 |
| TOTAL OTHER: VIII. CERT: (Itemize) | | 1 | \$0 | \$0 | \$0 | \$0 |
| Cert Supplies | | | \$7,000 | \$0 | \$0 | \$7,000 |
| | | | | | | |
| TOTAL CERT: | | | \$7,000 | \$0 | \$0 | \$7,000 |

List items under each Budget Category heading. Explain exactly how each item in your budget will be utilized. It is important that the necessity of these items, as they relate to the operation of the project, be established. Dollar amounts DO NOT have to be provided. Please identify detailed items that will be supported with EM Project funds.

PERSONNEL:

Emergency Management Director: Performs complex supervisory, administrative, technical and professional work in planning, organizing, directing, and supervising the Emergency Management Division. Plans and directs all aspects of the Emergency Management Division for Anderson County as directed on a day to day basis by the Sheriff Emergency Management Administrative Assistant: Performs a variety of clerical, secretarial, and administrative work in keeping official records, providing administrative support to staff, performing a variety of clerical duties, and assisting in the administration of standard operating policies and procedures of the department.

CONTRACTUAL SERVICES:

TRAVEL:

Funds to be utilized to attend the SCEMA Conference and other Emergency Management related training, certification classes, workshops, and conferences. Estimates are for registrations, hotels, meals, & other travel costs for employees to attend.

EQUIPMENT:

Small unmanned aircraft purchased for emergency management purposes. The SUAS will aid in situational awareness during response for acts of terrorism and/or natural disasters or emergencies. It would allow operators and Emergency Management staff to gain an aerial view when assessing damage and conducting search and rescue missions related to disasters and emergency incidents.

SUPPLIES:

Office supplies, meals, and training materials for exercises & training hosted and/or conducted by Emergency Management for citizen outreach and awareness or staff training and development. These supplies may also be used in daily department operations to include, but not limited to, paper, notebooks, toner, file folders, printing, labeling supplies, sheet protectors, presentation folders, flashlights, preparedness kits, brochures, etc.

OTHER:

CERT:

Funds to purchase CERT supplies including training/outreach material, CERT kits, preparedness supplies, etc as a continued effort to support, enhance, and expand the volunteer CERT team.

| c age 5 | BVITARAN TƏÐQUB | EMD FORM LEMPG |
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Grant Summary

| Grant Name & Number: | 2019 Victims of Crime Act (VOCA) - 1V17097 |
|----------------------|--|
| Awarding Agency: | SC Department of Public Safety |
| Grant Period: | October 1, 2019 - September 30, 2020 |
| Grant Award: | Requested \$207,774 |
| Grant Match: | 20% match – met through salaries of two Victim's Advocate positions already paid by ACSO |
| Project Manager: | Demika Schlabach & Captain Andrew Tribble |

| Berning Conducting Captain Andrew Tribbio |
|---|
| |
| The Victims of Crime Act (VOCA) was signed into law on October 12, 1984. The purpose of the Act was to enhance and expand direct services to victims of crime. The Act established within the U.S. Treasury a separate account known as the Crime Victims Fund. The fund is not supported by tax dollars but rather is generated entirely by fines, penalty assessments, and forfeited bonds collected by the federal government. The U.S. Department of Justice, Office for Victims of Crime (OVC) makes annual VOCA crime victim assistance grants to states from the Crime Victims Fund housed in the U.S. Treasury. The Department of Crime Victim Assistance Grants (DCVAG) within the Office of the Attorney General is designated as the administering agency for sub-recipient issued with funds from VOCA. In South Carolina, the primary purpose of VOCA is to support the provision of direct services to victims of violent crime throughout the state. The program goal is to provide federal funding through grant awards to certified private non-profit organizations and public/government agencies for projects that will provide, enhance, improve, and expand direct services to victims of violent crime. Direct services are defined as those efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety. A crime victim is defined as a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. Secondary victims of crime include family members of a homicide victim, a minor, an incompetent victim, or a victim who is physically or emotionally |
| incapacitated as a result of the crime. So is a continuation grant request to continue to provide personnel, |
| supplies, mileage, and training for another year to enhance direct services available to victims/witnesses of crime and their families within the jurisdiction of Anderson County and the municipalities of Belton, Honea Path, Iva, Pendleton, Pelzer, and Williamston. The project will support efforts to ensure those victimized by crime are prepared to successfully cope with the traumatic effects of being involved in the criminal justice system. |
| |

Budget Summary

| Category | Description | Federal Amount | Match Amount |
|---|--|--|-----------------|
| Personnel | Continued support for 3 positions already being funded with 2018 VOCA grant funds | \$181,555 | |
| Personnel | Match – two positions already funded by ACSO | The state of the s | \$54,576 |
| Translation Services | Translation services for non-English speaking and deaf clients | \$1,500 | |
| Travel | Lodging, Mileage, & Per Diem for VS providers to attend training in order to obtain and/or maintain certifications | \$15,034 | |
| Supplies - Cell Phone Service | For advocates funded by the grant | \$1,600 | |
| Supplies - Infant Car Seats/ Booster Seats | To safely transport child victims or children of victims if needed | \$600 | |
| Supplies - Office | For performance of daily duties | \$1,200 | |
| Supplies - Print Services | For brochures, posters, and other material to be used to educate the public on victims services available | \$1,250 | |
| Registration | For training to obtain/maintain provider certifications | \$2,325 | |
| Supplies – Stuffed animals, toys, games | To soothe and/or amuse children while providing services to victims | \$300 | |
| Supplies – VA Case Management Software | Software to document victims served and types of services provided | \$2,410 | |
| Total | | \$207,774 | \$54,576 |

Section Navigation -

State Funding Agency (SFA) Use Only

Version Number*

Grant Number

App Number

Original - 2019

AV19159

Project Title *

Victim Services for Anderson County

Amount Approved

Amount Requested

Status Reason Submitted

207774

Crime Victim Services Division | Department of Crime Victim
Assistance Grants
Edgar Brown Building | 1205 Pendleton Street
Room 401 | Columbia, South Carolina 29201



| Section Na | vigation ~ |
|------------|------------|
| Grant | Арр |

lication

1. Agency Addresses FEIN, DUNS Numbers **FEIN Number**

57-6000303

DUNS Number

098400906

Agency Account *

Anderson County Sheriff's Office

2. Addresses to be Served

SC

Address Type Street Address Street Address 2

State ZIp Code County

Agency

Judicial Circuit

Account Created On District

There are no records to display.

3. Grant Period **Grant Starting Period ***

Grant Ending Period *

October 1, 2019

September 30, 2020

City

4. Project Title (100 Characters Maximum)

Victim Services for Anderson County

5. Project Summary (300 Characters Maximum)

The purpose of this project is to provide personnel, supplies, and training to enhance and expand direct services available to victims/witnesses of crime and their families within the jurisdiction of Anderson County and the municipalities of Belton, Honea Path, Iva, Pendleton, Pelzer, and Williamston. The project will ensure those victimized by crime are prepared to successfully cope with the traumatic effects of being involved in the criminal justice system.

6. Type of Application Type of Application

Grant Year *

Year of Funds

Continuation

2019/2020

7. Organization Type Organization Type *

County

| 8. Budget Summary (Read-Only) Grantor Personnel | Agency Match Personnel | Personnel Total |
|---|-----------------------------------|----------------------------|
| \$181,555.00 | \$54,576.00 | \$236,131.00 |
| Grantor Contractual Services | Agency Match Contractual Services | Contractual Services Total |
| \$1,500.00 | \$0.00 | \$1,500.00 |
| Grantor Travel | Agency Match Travel | Travel Total |
| \$15,034.00 | \$0.00 | \$15,034.00 |
| Grantor Equipment | Agency Match Equipment | Equipment Total |
| \$0.00 | \$0.00 | \$0.00 |
| Grantor Other | Agency Match Other | Other Total |
| \$9,685.00 | \$0.00 | \$9,685.00 |
| | | |
| Grantor Total | Agency Match Total | Total |
| \$207,774.00 | \$54,576.00 | \$262,350.00 |
| Grantor Percentage | Agency Match Percentage | Total Percentage |
| 79.19 | 20.80 | 100 |

^{9.} Appropriation of Non-Grantor Matching Funds Non-Grantor Matching Funds Source

Other

Other Source of Non-Grantor Matching Funds (Explain) (2,000 Maximum)

In-kind matching funds reflect a portion of salaries designated to the currently employed Victim Advocates.

Budget Description

Personnel Salaries and Matching Funds

| Budget Line Item Name | Budget Line Item Category | Personnel Salaries Grantor Total | Personnel Salaries In-Kind Total | Personnel Salaries Cash Total | Personnel Salaries Total | Personnel Salaries Total Totals | Budget Category and Matching Funds | Budget Line item Narrative | |
|--|---------------------------------|---|---|--|--------------------------------|--|--|--|---|
| In Kind Match | Personnel | | \$54,576 | | | | Victim Services for Anderson County | In-kind matching funds reflect a portion of salaries designated for the current Victim Advocates. Continuation of the positions is vital to the success of the grant project. Each victim service provider will be dedicated to this project 100% of the time | • |
| Law Enforcement Victim Advocate | Personnel | \$41,000 | | | | | Victim Services for Anderson County | Salaries: Grant funds are requested for 12-month salaries for 3 victim service providers: Victim Services | ~ |

Specialist, Law Enforcement Victim Advocate, and Bilingual Law Enforcement Victim Advocate. In-kind matching funds reflect a portion of salaries designated for the current Victim Advocates. Continuation of the positions is vital to the success of the grant project. Each victim service provider will be dedicated to this project 100% of the time EMPLOYER CONTRIBUTIONS (FRINGE BENEFITS) Calculated according to Anderson County's Policy as noted below: Social Security 6.20% Medicare 1.45% Retirement 15.56% Worker's Compensation 3,30 % Health Insurance \$11,400 per person Duties of the grant project personnel will include providing information to victims regarding their rights and services as well as coordinating services between the courts, local domestic violence shelters, local children's advocacy centers, the Solicitor's Office, and other organizations who provide services for victims. Victim Service Providers funded with this grant will offer assistance to victims of crime within the jurisdictions of Anderson County, Belton, iva, Pendleton, West Pelzer, and Williamston from initial contact to final outcome. Grant administration costs are calculated at 10% of total salary and fringe benefits

for individuals supervising management, reporting, and monitoring of grant project.

Budget Line Budget Line Item Name item 4 Category Personnel Law Enforcement

Victim

Advocate

(Bilingual)

Salaries Grantor Total

\$42,840

Personnel Personnel Salaries Salaries In-Kind Cash Total Total

Personnel Salarles Total

Personne! Salaries Total Totals

Budget Category and Matching Funds

Budget Line Item Narrative

Victim Services for Anderson County

Salaries. Grant funds are requested for 12-month salaries for 3 victim service providers: Victim Services Specialist, Law Enforcement Victim Advocate, and Bilingual Law Enforcement Victim Advocate. In-kind matching funds reflect a portion of salaries designated for the current Victim Advocates. Continuation of the positions is vital to the success of the grant project. Each victim service provider will be dedicated to this project 100% of the time. EMPLOYER CONTRIBUTIONS (FRINGE BENEFITS) Calculated according to Anderson County's Policy as noted below: Social Security 6.20% Medicare 1.45% Retirement 15.56% Worker's Compensation 3.30 % Health Insurance \$11,400 per person Duties of the grant project personnel will include providing information to victims regarding their rights and services as well as coordinating services between the courts, local domestic violence shelters, local children's advocacy centers, the Solicitor's Office, and other organizations who provide services for victims. Victim Service Providers funded with this grant will offer assistance to victims of crime within the jurisdictions of Anderson County, Belton, Iva, Pendleton, West Pelzer, and Williamston: from initial contact to final outcome. Grant administration costs are calculated at 10% of total salary and fringe benefits for individuals supervising management, reporting, and monitoring of grant project

~

| Budget Line | Budget Line Item Category | Personnel Salaries Grantor Total | Salaries S In-Kind C | Personnel Salaries Cash Cotal | Personn Salaries Total | | Budget Category and Matching Funds | Budget Line Item Narrative | |
|--|---|--|--|--|------------------------------|------------------------------------|--|---|---|
| Law Enforcement Victim Services Specialist | Personnel | \$32,640 | | | | | Victim Service for Anderson County | s Salaries: Grant funds are requested for 12-month salaries for 3 victim services providers: Victim Services Specialist, Law Enforcement Victim Advocate, and Bilinguel Law Enforcement Victim Advocate, In-kind matching funds reflect a portion of salaries designated for the current Victim Advocates. Continuation of the positions is vital to the success of the grant project. Each victim service provider will be dedicated to this project 100% of the time. EMPLOYER CONTRIBUTIONS (FRINGE BENEFITS) Calculated according to Anderson County's Policy as noted below: Social Security 6.20% Medicare 1.45% Retirement 15.56% Worker's Compensation 3.30 % Health Insurence \$11,400 per person Duties of the grant project personnel will include providing information to victims reparding their rights and services as well as coordinating services between the courts, local domestic violence shelters, local children's advocacy centers, the Solicitor's Office, and other organizations who provide services for victims. Victim Service Providers funded with this grant will offer assistance to victims of crime within the jurisdictions of Anderson County, Belton, ivs. Pendieton, West Pelzer, and Williamston; from initial contact to final outcome. Grant administration costs are calculated at 10% of total salary and fringe benefits for individuals supervising management, reporting, and monitoring of grant project. | |
| | | Grant | tor Personne | ı | Agen | ncy Match Per | sonnel | Personnel Totaled | |
| | | \$181, | 555.00 | | 54570 | 6 | | 236131 | |
| Employer (| Contribution | ns (Fringe Be | enefits) | 21.2 | | | Budget | | |
| Budget Line Item Name 🕈 | Budget Line Item Category | Employer Contributions Grantor Total | Employer Contribution In-Kind Tota | | butions | Employer Contributions Total | Category and Matching Funds | Budget Line Item Narrative | |
| Employer Contributions | Employer Contributions (Fringe Benefits) | \$85,075.00 | \$0.00 | \$0.00 | | \$85,075.00 | Victim Services for Anderson County | | ~ |

Grantor Employer Contribution

Agency Match Employer Contribution

Employer Contributions Totaled

| Budget Line | Budget Line Item Category | Contractual Services Grantor | Contractual Services In-Kind | Contractual Services Cash | Contractual Services Total | Budget Category and Matching Funds | l Budget Line Item Narrative | |
|-------------------------|------------------------------|------------------------------------|------------------------------------|---------------------------------|----------------------------------|---|---|---|
| Language Translation | Contractual Services | \$1,500 | \$0 | \$0 | \$1,500.00 | Victim Services for Anderson County | Translation Services for non- English speaking and deaf clients | |
| | | Grantor Service: | Contractual s | | gency Match ervices | Contractual | Contractual Services Totaled | |
| | | 1500 | | 0 | | | 1500 | |
| Travel | | | | | | | | _ |
| Budget Line Ite | m Budget Line Category | | Travel ei (in- ntor) Kind) | | _ | et Category latching s E | Budget Line Item Narrative | |
| Lodging | Travel | \$7,73. | 2 | | | on County p | codging: For victim service providers and volunteers to attend at teast two trainings in order to obtain and/or maintain Victim Service Provider certification. Frainings will include South Carolina Victim Rights Week and one additional regional training TBD). | |
| Mileage | Travel | \$5,800 | 0 | | | on County n n T n | Alleage for approximately 10,000 niles, calculated at the 2019 IRS nileage rate of 58 cents per mile. raveled while handling client reeds, delivering victim services, and traveling to and from training reasions. | |
| Per Diem | Travel | \$1,50 | 2 | | | | Per Diem: Estimated rate for meals while attending overnight trainings | |
| | | Grantor | Travel | Ag | ency Match | Travel | Travel Totaled | |
| | | 15034 | | 0 | | | 15034 | |
| Equipment (| \$1,000 or mor | e per unit) | | | | | | |
| Budget Line | Budget Line Item Category | Equipme Grantor Total | nt Equipmen In-Kind Total | et Equipment Cash Total | | Budget Category and Matching Funds | Budget Line item Narrative | |
| There are no | records to displa | ay. | | | | | | |
| | | Grantor | Equipment | Ao | ency Match | Equipment | Equipment Totaled | |
| | | 0 | _4_, | 0 | | | 0 | |
| Other (Itemiz | ze) | | | | ····· | | | |
| | | | | | | | | |

| Budget Line | Budget Line Item Category | Other (itemized) Grantor Total | Other (Itemized) In-Kind Total | Other (Itemized) Cash Total | Other Employer Contributions (Itemize) | Budget Category and Matching Funds | Budget Line Item Narrative | |
|--|------------------------------|---|---|--------------------------------------|---|---|--|----------|
| Cell Phone Service | Other (Itemize) | \$1.600 | \$0 | \$0 | | Victim Services for Anderson County | 12- month cell phone service as an alternate source of contact when not in the office to communicate with victims deputies. magistrates, prosecutors, and central dispatch | • |
| Infant Car Seats/Booster Seats | Other (Itemize) | \$600 | | | | Victim Services for Anderson County | To safety transport children | ~ |
| Office Supplies | Other (Itemize) | \$1,200 | \$0 | \$0 | | Victim Services for Anderson County | Office Supplies: For performance of daily duties, includes, paper, note taking pages, hole-punch, postage, folders, labels, pencils, pens, ink cartndges, staples, paper clips, binder clips, thumb tacks, tape, nabber bands, highlighters, facial tissues 3-ring binders, notepads notebooks, hanging files flash drives dry erase markers, white boards, erasers, correction tape, white-out, sheet protectors, envelopes post-it notes, post-it tabs, and baby wipes | • |
| Printing | Other (itemize) | \$1 250 | | | | Victim Services for Anderson County | Printing costs for brochures, posters, and other relevant material to be used to promote victim services. All printing will be submitted to the State Funding Agency for approval prior to commitment of funds | • |
| Registration | Other (Itemize) | \$2.325 | \$0 | \$0 | | Victim Services for Anderson County | Training Registrations Estimated fees for victim service providers and volunteers to attend required trainings to obtain/maintain Victim Service Provider certification. | • |
| Stuffed animals, toys, games | Other (Itemize) | \$300 | | | | Victim Services for Anderson County | To soothe and amuse children while providing victm assistance | ~ |
| Victm Advocate Case Management Software | Other (Hemize) | \$2.410 | \$0 \$ | 80 | | Victim Services for Anderson County | VSTracking software to document victims served and the types of services received Monthly quarterly, and yearly summary reports will be generated to document the services provided to victims | ▽ |
| | | Grantor O | ther | | Agency Match | Other | Other Totaled | |
| | | 9685 | | | 0 | | 9685 | |

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| FY 2020-2025 FISCAL IMPACT | Dept 5161 | | | | | | Sheriffs Office | | | |
|--|---|-----------------|----------------|---|-------------|------------|-----------------|-------------------|---|--|
| Grant Name: FY 2019 State Homeland Security Program 19SHSP03 Grant Period: 9/1/2019 - 8/31/2020 Grant Award: \$39,500 | Address/ Local 305 Camson Ro Anderson, SC 2 | d. | | Area Served: Anderson Cou | nty | Counc | cil District: | | All | |
| The state of the s | Justification: | | | 2 | | | | | | |
| Project Manager: Captain Ross Brown Contact Number: (864) 260-4423 Grant Description: State Homeland Security Program (SHSP) supports the implementation of State Homeland Security Strategies to address the identified planning, organization, equipment, training, and exercise needs for acts of terrorism and other catastrophic events. In addition, SHSP supports the implementation of the National Preparedness Guidelines, the National Incident Management System (NIMS), and the National Response Framework (NRF). | This project will use awarded grant funding to maintain and enhance the capabilities of the Anderson County Sheriff's Office Bomb Squad/WMD team in the following areas. Each of these is a core requirement to meet DHS BOMB/WMD Team Typing Standards and is found on the Authorized Equipment List to meet DHS BOMB/WMD Team Typing Standards. This grant project will provide: 1.) A replacement of an older EOD 9 Heavy Bomb Suit which was manufactured in 2005 2.) Wire Attack Special Piercer Probes to augment previously purchased electronics kits purchased in Second Line kits for bomb technicians. 3.) Funding to assist with to send two bomb technicians to Breaching training to further enhance interoperability with ACSO WMD SWAT team. 4.) Funding to be used for maintenance of previously purchased Remotec F6B and HD1 robots 5.) Funding to assist with expenses to cover annual exercise training requirements. This project will build on current Team | | | | | | | | | |
| | | assist with exp | enses to cove | r annual exerc | | | | | uild on current Team | |
| | 5.) Funding to a | assist with exp | enses to cove | r annual exerc bilities. | ise trainir | ng require | ements. Thi | | uild on current Team | |
| COSTS | 5.) Funding to a | assist with exp | enses to cove | r annual exerc bilities. | ise trainir | require | | | | |
| | 5.) Funding to a capabilities and | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operations | |
| Personnel | 5.) Funding to a capabilities and | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operationa Costs | |
| Personnel Operating Cost | 5.) Funding to a capabilities and Grant Award Amount | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operationa Costs 0 | |
| Personnel Operating Cost Contractual Costs | 5.) Funding to a capabilities and Grant Award Amount | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operationa Costs 0 | |
| Personnel Operating Cost Contractual Costs | 5.) Funding to a capabilities and Grant Award Amount | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operationa Costs 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs | 5.) Funding to a capabilities and Grant Award Amount | assist with exp | penses to cove | r annual exerc bilities. | ise trainir | require | ements. Thi | s project will bu | Cumulative Operationa Costs 0 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 27,500.00 39,500.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 0 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 27,500.00 39,500.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 0 39,500 | |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | 5.) Funding to a capabilities and Grant Award Amount 12,000.00 27,500.00 39,500.00 | assist with exp | FY 20-21 | r annual exerc bilities. Or FY 21-22 | ngoing G | require | nmitments | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 39,500 0 | |

| Form approved for submission by: | OES |
|-------------------------------------|-----|
| Date Approved by Finance Committee: | |
| Date Approved by County Council: | |

| DEPARTMENT: | 5912 - FEMA | | |
|--------------------------------|---|----------------------------|------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP03 |
| PROJECT MGR: | Captain Ross Brown | CONTACT NUMBER: | 864-260-4423 |
| | | | |
| CAPITAL ITEM REQUESTED: | (1)— EOD9 Bomb Suit | | |
| | | | |
| LOCATION WHERE | | | |
| USED: | Bomb Team | | |
| DETAIL DESCRIPTION | | | |
| AND PURPOSE FOR | Requesting a tactical search suit to re | senand to MMD type event | e to replace one |
| CAPITAL ITEM: | EOD 9 bomb suit and helmet. The AC | | |
| | and Tac6 suits. One of the EOD 9 sui | | |
| | 10/2005 and is in need of replacement | | |
| | | | |
| | | | |
| | | | |
| AMOUNT: | \$ 27,500.00 | | |
| NOTE | Price should include taxes and ship | oping and handling charg | ges. |
| | | | |
| | LACES OLD ITEM ALREADY ON HAI | ND? | YES NO |
| (If yes fill in the informatio | n below) | | (Circle one) |
| | | | |
| If so please tell how item | to be replaced will still be used and | ocation where it will be | lsed |
| ii so, piease ten now item | to be replaced will still be used and | ocation where it will be t | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE OF DEPARTM | | (PZ | |
| | MENT MANAGER: | | |
| | MENT MANAGER: | 00 | |
| SIGNATURE OF DIVISION | _ | | |

| FY 2020-2025 FISCAL IMPACT | | | | Dept | 5161 | | Sheriffs Of | fice |
|--|--|---|--|--------------------------------|-----------------------------|--|------------------------------|--|
| Grant Name: FY 2019 State Homeland Security Program Grant Number: 19SHSP10 Grant Period: 9/1/2019 - 8/31/2020 Grant Award: \$70,000 | Address/ Loca 305 Camson Ro Anderson, SC 2 | d. | 1 | Area Served: Anderson Cou | C | ouncil District: | | All |
| 1 1996au 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Justification: | | | | | | | |
| Project Manager: Captain Ross Brown Contact Number: (864) 260-4423 | SWAT team. | The ACSO Re | gional WMD/S | WAT Team al | so needs the | e typing standar ability to put a 1 bility to be Susta | 5-member oper | erson Regional WMD rational element into a IS Support: |
| Grant Description: State Homeland Security Program (SHSP) supports the implementation of State Homeland Security Strategies to address the identified planning, organization, equipment, training, and exercise needs for acts of terrorism and other catastrophic events. In addition, SHSP supports the implementation of the National Preparedness Guidelines, the National Incident Management System (NIMS), and the National Response Framework (NRF). | Avon PAPR Sy 2) purchase 30 3) purchase 30 internal micropi 4) purchase 30 | stems) sets of comm gas mask ada hone of the Al | nunications hea apters to conve PR ension systems | idsets to replace | ce existing ou | tdated headsets systems to allov | v use with APR | n Avon FM54 APR and |
| | 5) purchase su Training as req | pplies for requuested and re | uired annual tra equired by the \$ | aining exercise SC WMD Exer | and evaluation cise Program | on of other team and HSEEP Sta | (s) exercises fo andards. | or WMD/SWAT Team |
| | 5) purchase su Training as req | pplies for requuested and re | uired annual tra | SC WMD Exer | cise Program | and HSEEP Sta | (s) exercises for andards. | or WMD/SWAT Team |
| costs | Training as req | pplies for requuested and re | ired annual tra equired by the s | SC WMD Exer | cise Program | commitments FY 23-24 | (s) exercises for andards. | |
| | Training as req | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operations |
| Personnel | Training as req | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operations Costs |
| Personnel Operating Cost | Grant Award Amount | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operations Costs 0 |
| Personnel Operating Cost Contractual Costs | Grant Award Amount | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operations Costs 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs | Grant Award Amount 14,800.00 | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operations Costs 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs | Grant Award Amount | uested and re | equired by the S | Or | ngoing Grant | Commitments | andards. | Cumulative Operationa Costs 0 0 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs | Grant Award Amount 14,800.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operationa Costs 0 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total | Grant Award Amount 14,800.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operationa Costs 0 0 0 0 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | Grant Award Amount 14,800.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operational Costs 0 0 0 0 0 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | Grant Award Amount 14,800.00 55,200.00 70,000.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operations Costs 0 0 0 0 0 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) Source of Funds | Grant Award Amount 14,800.00 55,200.00 70,000.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operations Costs 0 0 0 0 0 0 70,000 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | Grant Award Amount 14,800.00 55,200.00 70,000.00 | FY 19-20 | FY 20-21 | Or FY 21-22 | going Grant | Commitments FY 23-24 | FY 24-25 | Cumulative Operational Costs 0 0 0 0 0 0 0 70,000 |

| Form approved for submission by: | しいう | _ |
|-------------------------------------|-----|---|
| Date Approved by Finance Committee: | | _ |
| Date Approved by County Council: | | |

| DEPARTMENT: | 5912 - FEMA | | |
|--|---|----------------------------|-----------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP10 |
| PROJECT MGR: | Captain Ross Brown | CONTACT NUMBER: | 864-260-4423 |
| CAPITAL ITEM REQUESTED: | (5)— Self-Contained Breathing A | pparatus (SCBA) | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | SWAT Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR | The CMAT team is requesting oulf as | antoined broothing apparen | ic (SCDA) for CDDN |
| CAPITAL ITEM: | The SWAT team is requesting self-co | | |
| | to be fully NIOSH compliant for mission | | |
| | complete the goal of having a 15 mer | | |
| | protection during a WMD/CBRN ever | | |
| | coordinators to meet our team typing | | |
| | good and to thought our tourn typing | | |
| | | | |
| DOES CAPITAL ITEM REP | \$ 23,700.00 Price should include taxes and ship LACES OLD ITEM ALREADY ON HAI n below) to be replaced will still be used and | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and shin LACES OLD ITEM ALREADY ON HAIN below) | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and shin LACES OLD ITEM ALREADY ON HAIN below) | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and shin LACES OLD ITEM ALREADY ON HAIN below) | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and shin LACES OLD ITEM ALREADY ON HAIN below) | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and shin LACES OLD ITEM ALREADY ON HAIN below) | ND? | YES NO (Circle offer) |
| NOTE: DOES CAPITAL ITEM REP (If yes fill in the informatio | Price should include taxes and ship LACES OLD ITEM ALREADY ON HAIn below) to be replaced will still be used and | ND? | YES NO (Circle offer) |

| DEPARTMENT: | 5912 - FEMA | | |
|--|---|-----------------|---------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP10 |
| PROJECT MGR: | Captain Ross Brown | CONTACT NUMBER: | 864-260-4423 |
| CAPITAL ITEM REQUESTED: | (30)— Communications headsets | | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | SWAT Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | The SWAT team is requesting comm | | |
| | required hearing protection and two-v | | |
| | compatible with existing radio system | | |
| 0.000000 | updated equipment to enhance critical WMD/CBRN events and other SWAT | | operators during |
| | VVIND/CBRIN events and other SVVAT | operations. | |
| | | <u> </u> | |
| DOES CAPITAL ITEM REP | \$ 31,500.00 Price should include taxes and ship LACES OLD ITEM ALREADY ON HAI n below) to be replaced will still be used and | ND? | YES NO (Circle one) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE OF DEPARTM | ENT MANAGER: | | |
| | - | | |

| | 1000000 | N COUNTY G | RANT FISC | CAL IMPAC | | | | | | |
|---|---|---|---|---|--|---|--|---|------------------------|--|
| FY 2020-2025 FISC | AL IMPACT | | | | Dept | 5161 | | Sheriffs Of | | |
| Grant Name: Grant Number: Grant Period: Grant Award: | FY 2019 State Homeland Security Program 19SHSP17 9/1/2019 - 8/31/2020 \$80,000 | Address/ Loca 200 Bleckley S Anderson, SC | t. | | Area Served: Anderson Cou | | ouncil District: | | All | |
| | | Justification: | | | | | | - | | |
| Project Manager: Contact Number: | Terry King (864) 844-0057 | The Anderson County HazMat Team through the Anderson County Sheriff's Office is requesting additional funding to ensure they are properly prepared to maintain and sustain the Regional WMD and HazMat Team typing standards. Specific capabilities that will be addressed include: 1) Replace 3 Level "A" chemical protective clothing which has reached end of service life. | | | | | | | | |
| implementation of S address the identifice training, and exercist catastrophic events implementation of the | curity Program (SHSP) supports the state Homeland Security Strategies to ed planning, organization, equipment, se needs for acts of terrorism and other. In addition, SHSP supports the ne National Preparedness Guidelines, the anagement System (NIMS), and the | 3) Replace 2 vi 4) Replace win manufacturer) 5) Replace 3 w 6) Replace the 7) Replace bio 8) Replace two | oice amplifier eless, remote with current m ireless multi-g rmal-imaging -threat assay combination pired, consumatidges. | radio interface detectors (Are- lodel. Replace las (4 gas with camera which reader damage gamma radiati able detection | units which ha aRae) which ar 1 of 4 units this PID) detectors has reached end and beyond repart on detectors ar | ve reached e e approachin s year. which have r nd of service iir. nd dosimeters | eached end of s ife which have rea | e. life (will no lon service life. ached end of se | ger supported by | |
| | | | | | Or | ngoing Grant | Commitments | | | |
| | COSTS | Grant Award Amount | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 | FY 23-24 | FY 24-25 | Cumulative Operational | |
| Personnel | | | | | | | | | 0 | |
| Operating Cost | | 10,700.00 | | | | | | | 0 | |
| Contractual Costs | | | | | | | | | 0 | |
| Insurance Costs | | | | | | | | | 0 | |
| Capital Costs | | 69,300.00 | | | | | | | 0 | |
| Total | | 80,000.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| FTE (new) | | | | | | | | | 0 | |
| | Source of Funds | | (5)35*********************************** | | | gold practice of some constitution and groundly by the cold garding | | A second components and a configuration of the | | |
| Grant Covers 100% | . There is no match required. | 80,000.00 | | | | | | | 80,000 | |
| | | | | | | | | | 0 | |
| | | | | | | | | | 0 | |
| | | | | | | | | | 0 | |
| Total Funds | | 80,000,00 | 0 | 0 | 0 | 0 | 0 | 0 | 80.000 | |

| Form approved for submission by: | |
|-------------------------------------|--|
| Date Approved by Finance Committee: | |
| Date Approved by County Council: | |

| | this form along with the Grant Fisca | al Impact Form to Financ | 9. |
|---|--|-----------------------------|---------------------------|
| DEPARTMENT: | 5912 - FEMA | | |
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM REQUESTED: | (3) — Saint-Gobain Level "A" One | Suit Pro 2 | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR | Requesting Level "A" chemical protect | tive clothing to replace cu | rrant euite |
| CAPITAL ITEM: | which has reached end of service life | | Tent saits |
| | Price should include taxes and ship | | yes. YES NO (Circle one) |
| | to be replaced will still be used and less a trade-in on the new equipment if that | | used. |
| | | | |
| IGNATURE OF DEPARTM | MENT MANAGER: | SerrywKing | |
| ONATURE OF BIVISION | | | 1 |
| IGNATURE OF DIVISION | DIRECTOR: | 0 (|) |

| DEPARTMENT: | 5912 - FEMA | | |
|--|--|----------------------------|------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM | (0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | may a selferal | |
| REQUESTED: | (2) – Scott AP75 60min. SCBA CB | RN certified | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | Replace CBRN certified Self-Contain | ned Breathing Apparatus wh | nich has reached |
| | end of service life | | |
| | | | |
| | | | |
| | | | |
| | Price should include taxes and sh | | YES NO |
| (,) | n below) | | (Circle one) |
| If so, please tell how item | n below) to be replaced will still be used and s a trace-in on the new equipment if th | | , |
| If so, please tell how item | to be replaced will still be used and | | , |
| If so, please tell how item | to be replaced will still be used and | | , |
| If so, please tell how item | to be replaced will still be used and | | , |
| If so, please tell how item | to be replaced will still be used and | | , |
| If so, please tell how item | to be replaced will still be used and s a trace-ਲੇਂਜ on the new equipment if th | | , |
| If so, please tell how item t The old units will be used as | to be replaced will still be used and a trade-ள் on the new equipment if th | | , |

| | this form along with the Grant 1 iso | ar impact i orin to i maric | 5. |
|---|--|---|----------------------|
| DEPARTMENT: | 5912 - FEMA | | |
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM REQUESTED: | (2) – Scott Epic 2 voice amplifier | with radio interface | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | Replace voice amplifier radio interface end of service life. | ce units for use with SCBA's | s which have reached |
| | | | |
| | | | |
| | | | |
| | | | |
| AMOUNT: NOTE: | \$ 2,400.00 Price should include taxes and sh | (Approx \$1,200 each) ipping and handling charg | ges. |
| DOES CAPITAL ITEM REP (If yes fill in the informatio | LACES OLD ITEM ALREADY ON HA n below) | ND? | YES NO |
| - | to be replaced will still be used and a trade-in on the new equipment if the | | ised. |
| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE OF DEPARTM | - | Herry Kinz | |
| | | | |

| DEPARTMENT: | 5912 - FEMA | _ | |
|---|--|--------------------------|---------------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM REQUESTED: | (1) - Rae Systems AreaRae Pro \ | Nireless Remote Multigas | monitor with GPS |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR | | | |
| CAPITAL ITEM: | Replace wireless, remote detectors life (will no longer supported by man | | |
| | units this year. | | |
| | | | |
| | | | |
| | \$ 15,000.00 Price should include taxes and sl LACES OLD ITEM ALREADY ON H n below) | | ges. YES NO (Circle one) |
| - | to be replaced will still be used and a trade-in on the new equipment if the | | used. |
| | | | |
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| | | | |
| SIGNATURE OF DEPARTM SIGNATURE OF DIVISION I | | Jenyw Kinz | |

| DEPARTMENT: | 5912 - FEMA | | |
|--|--|---|-------------------|
| DEI ARTMENT. | OUT - I LINA | - | |
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM | | | |
| REQUESTED: | (3) – Rae Systems MultiRae Lite | Wireless Multigas monito | ors |
| LOCATION WHERE CAPITAL ITEM WILL BE | Handled Taxon | | |
| USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | Replace wireless multi-gas (4 gas w service life | vith PID) detectors which hav | re reached end of |
| | | | |
| | | | |
| | | | |
| | | | |
| AMOUNT: NOTE: | \$ 18,000.00 Price should include taxes and sh | (Approx \$6,000 each) ipping and handling charg | es. |
| DOES CAPITAL ITEM REP | LACES OLD ITEM ALREADY ON HA | AND? | YES NO |
| | to be replaced will still be used and a trade-in on the new equipment if the | | sed. |
| The sid diffic this be deed do | a adde in on the new equipment it to | ot option to available. | |
| | | | |
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| SIGNATURE OF DEPARTM | | denywiting. | |

| DEPARTMENT: | 5912 - FEMA | | |
|--|---|----------------------------|----------------------------|
| GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| CAPITAL ITEM REQUESTED: | (1) – FLIR K33 Thermal Imaging C | amera with vehicle mou | ınt |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | HazMat Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | Replace thermal-imaging camera wh | ich has reached end of ser | vice life |
| | \$ 4,500.00 Price should include taxes and shi LACES OLD ITEM ALREADY ON HAI n below) | | ges. YES NO (Orticle one) |
| 1 - | to be replaced will still be used and a trade-in on the new equipment if that | | used. |
| | | | |
| SIGNATURE OF DEPARTM | (| Serryalting | |

| If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. SIGNATURE OF DEPARTMENT MANAGER: | DEPARTMENT: | 5912 - FEMA | | |
|--|-----------------------|-------------------------------------|--------------------------|----------------|
| CAPITAL ITEM REQUESTED: LOCATION WHERE CAPITAL ITEM WILL BE USED: DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: Replace bio-threat assay reader damaged beyond repair. Replace bio-threat assay reader damaged beyond repair. AMOUNT: \$ 9,900.00 NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? (If yes fill in the information below) If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. | GRANT NAME: | FY2019 State Homeland Security | GRANT NUMBER: | 19SHSP17 |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: Replace bio-threat assay reader damaged beyond repair. AMOUNT: \$ 9,900.00 NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? OUT OF THE PRICE OF DEPARTMENT MANAGER: SIGNATURE OF DEPARTMENT MANAGER: | PROJECT MGR: | Terry King | CONTACT NUMBER: | (864) 844-0057 |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: Replace bio-threat assay reader damaged beyond repair. AMOUNT: \$ 9,900.00 NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? (If yes fill in the information below) If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. | | (1) - NIDS 3000 Biothreat Detec | tion System | |
| AMOUNT: \$ 9,900.00 NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? (If yes fill in the information below) If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. SIGNATURE OF DEPARTMENT MANAGER: | CAPITAL ITEM WILL BE | HazMat Team | | |
| NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? (If yes fill in the information below) If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. | AND PURPOSE FOR | Replace bio-threat assay reader dar | naged beyond repair. | |
| NOTE: Price should include taxes and shipping and handling charges. DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND? YES NO | | | | |
| (If yes fill in the information below) If so, please tell how item to be replaced will still be used and location where it will be used. The old units will be used as a trade-in on the new equipment if that option is available. SIGNATURE OF DEPARTMENT MANAGER: | | | ipping and handling char | ges. |
| The old units will be used as a trade-in on the new equipment if that option is available. SIGNATURE OF DEPARTMENT MANAGER: | | | AND? | |
| Consider the second | | | | used. |
| Consider the second | | | | |
| Consider the second | | | | |
| SIGNATURE OF DIVISION DIRECTOR: | SIGNATURE OF DEPARTM | MENT MANAGER: | Sorrywking | |
| | SIGNATURE OF DIVISION | DIRECTOR: | | |

| 2020-2025 FISCAL IM | | | | | Dept | 5161 | | heriff's Office | |
|--|---|--|-----------------|---------------|------------------|-----------------|--|-----------------|---|
| Grant Name: | Body-Worn Camera Fund | Address/ Location: | | | Area Served: | | Council District: | | |
| Grant Number: | | 305 Camson Rd. Anderson, SC 29625 | | | Anderson County | | All | | |
| Grant Period: | 8/21/2019 | | | | | | | | |
| Grant Award: | \$29,940 | | | | C. Carrier | | | | |
| | | Justification: | | | | | | 2344 | |
| Project Manager: | Captain Ross Brown | The SC Department of Public Safety and | | | | | | | |
| Contact Number: | 222-3969 | be applied to ir | nitial purchase | s of equipmen | nt, storage, and | l/or mainter | to SC Code of La ance indicated in | | |
| Grant Description: | | support. The re | equest was for | \$139,095 of | which \$29,940 | was award | ed. | | |
| | tially requires state and local law nder direction of the Law Enforcement | | | | | | | | |
| Camera Fund" is establist and administered by the F police with the costs of bunecessary equipment. In | tablished by the LETC. The "Body-Worn hed, within the Department of Public Safety Public Safety Coordinating Council, to assist uying, operating and maintaining all South Carolina the law requires all to implement a body-worn camera program, full state funding. | | | | | | | | |
| | | Ongoing Grant Commitments | | | | | THE RESERVE THE PARTY OF THE PA | | |
| | | | | | Oligon | ig Crant O | minuments | | napati sa |
| | COSTS | Grant Award Amount | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-2 | | FY 24-25 | 1 |
| Personnel | соятя | | FY 19-20 | FY 20-21 | | of ages and the | | FY 24-25 | Operationa |
| | COSTS | | FY 19-20 | FY 20-21 | | of ages and the | | FY 24-25 | Operationa Costs |
| | COSTS | | FY 19-20 | FY 20-21 | | of ages and the | | FY 24-25 | Operationa Costs 0 |
| Operating Cost | COSTS | | FY 19-20 | FY 20-21 | | of ages and the | | FY 24-25 | Operationa Costs 0 |
| Operating Cost Contractual Costs | COSTS | | FY 19-20 | FY 20-21 | | of ages and the | | FY 24-25 | Operational Costs 0 0 0 |
| Insurance Costs | COSTS | Amount | FY 19-20 0 | FY 20-21 | | of ages and the | | FY 24-25 | 0 0 0 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs | COSTS | 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 | | Operational Costs 0 0 0 0 29,940 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | COSTS Source of Funds | 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 | | Operationa Costs 0 0 0 0 29,940 29,940 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | Source of Funds | 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 | | Operationa Costs 0 0 0 0 29,940 29,940 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | Source of Funds | 29,940 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 | | Operationa Costs 0 0 0 0 29,940 29,940 0 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | Source of Funds | 29,940 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 0 | | Operationa Costs 0 0 0 0 29,940 29,940 0 29,940 |
| Operating Cost Contractual Costs Insurance Costs Capital Costs Total FTE (new) | Source of Funds | 29,940 29,940 | | | FY 21-22 | FY 22-2 | 3 FY 23-24 0 | | Operationa Costs 0 0 0 0 29,940 29,940 0 29,940 0 |

Date Approved by Finance Committee:_

Date Approved by County Council:_

| in detail the item descripti | Capital Items on the grant (Items on and where the item will be used rant Fiscal Impact Form to Finance | located. Then sign and re | |
|--|---|--|---------------------------------------|
| DEPARTMENT: | Sheriff's Office | | Not Assissed |
| GRANT NAME: | Body Worn Camera Fund | GRANT NUMBER: | Not Assigned until Awarded |
| PROJECT MGR: | Ross Brown | CONTACT NUMBER: | 222-3969 |
| CAPITAL ITEM REQUESTED: | Body Worn Cameras (BWC) w/ acce | essories, licensing, & data s | storage |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | ACSO Sworn Officers | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | The Anderson County Sheriff's Office | | |
| | the efficiency of operations and inves | | |
| | the functional integrity of law enforcen | | |
| | has in place a BWC policy that has I | | |
| | zero BWC's to put into service. The A | CSO has secured a couple | e of grants for BWC, |
| that will all aid in implementi | ng the BWC program | | |
| | | | |
| AMOUNT: | \$20,040,00 | | |
| 1 | \$29,940.00 Price should include taxes and sh | pping and handling char | ges. |
| DOES CAPITAL ITEM REP | LACES OLD ITEM ALREADY ON HA n below) | ND? | YES NO (Circle one) |
| If so, please tell how item | to be replaced will still be used and | location where it will be | used. |
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| SIGNATURE OF DEPARTM | ENT MANAGER: | | |
| SIGNATURE OF DIVISION | DIRECTOR: | | |



South Carolina Department of Public Safety

Office of Highway Safety and Justice Programs

August 21, 2019

Sheriff Chad McBride
Anderson County Sheriff's Office
305 Camson Road
Anderson, South Carolina 29623-5497

Dear Sheriff McBride.

On behalf of the South Carolina Public Safety Coordinating Council and the South Carolina Department of Public Safety, I am pleased to announce that your agency will be receiving funding for body-worn cameras (BWC) and associated maintenance and storage in the amount of \$29,940.00. This funding is being provided pursuant to SC Code of Laws §23-1-240 and may be applied to the initial purchase or reimbursement of equipment, storage, and/or maintenance as indicated in your agency's BWC Request for Financial Support document submission.

Enclosed please find a Cash Award document relative to funding that your agency is receiving for the purchase and/or reimbursement of body-worn cameras, storage, and/or maintenance. Also enclosed is a document outlining conditions associated with the receipt and use of these funds.

Please sign the Cash Award document, which affirms your acceptance of the award and your understanding of an agreement to abide by the conditions for receiving and using the award, and return the document to the address below within 30 days of receipt of this communication.

South Carolina Department of Public Safety
Office of Highway Safety and Justice Programs
Post Office Box 1993
Blythewood, South Carolina 29016
ATTN: Mr. Johnny Price

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact Mr. Johnny Price, who serves as our BWC Program Coordinator, at 803-896-7789, or by email at JohnAPrice@scdps.gov. Congratulations on your agency's award.

Sincerely.

John Westerhold OHSJP Director

ce: Johnny Price

Attachments

BODY-WORN CAMERAS FUND CASH AWARD CONDITIONS

AWARDED AGENCY: Anderson County Sheriff's Office

AWARD DATE:

August 21, 2019

AUTHORIZED SIGNATURE ON THE BODY-WORN CAMERAS FUND CASH AWARD DOCUMENT IS INDICATIVE OF THE AWARDED AGENCY UNDERSTANDING AND AGREEING TO THE STATED CONDITIONS BELOW.

- This award is contingent upon approval and availability of funds from the state funding source.
- 2) The signed BWC Cash Award document must be sent to the Office of Highway Safety and Justice Programs (OHSJP) within 30 days of the Date of Award specified on the Cash Award document.
- 3) Documentation of purchases for equipment, storage, and/or maintenance, whether initial purchase or reimbursement, must be submitted, after all items have been ordered, received, and paid, to the OHSJP as soon as possible. Documentation should demonstrate clearly that any and all procurement procedures operative within your agency have been followed.
- 4) Funds awarded to the agency may only be used for the intended purpose (i.e., purchase of body-worn camera equipment, maintenance, and/or storage) of the award. Funds awarded are subject to audit by the awarding agency.
- 5) Funds shall not be used to purchase printers or laptops.

FOR OHSJP USE ONLY

| NO. | ASSIGNED TO | CLEARED BY | DATE | NO. | ASSIGNED TO | CLEARED BY | DATE |
|-----|-------------|------------|------|-----|-------------|------------|------|
| 2 | SA | | | 4 | SA | | |
| 3 | SA | | | | | | |

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY OFFICE OF HIGHWAY SAFETY AND JUSTICE PROGRAMS P. O. BOX 1993 BLYTHEWOOD, SOUTH CAROLINA 29016

BODY-WORN CAMERAS FUND

CASH AWARD

Award Recipient:

Anderson County Sheriff's Office

Date of Award:

August 21, 2019

Amount of Award:

\$29,940.00

Pursuant to the SC Code of Laws, §23-1-240, the South Carolina Public Safety Coordinating Council (SCPSCC) has been given oversight of the funding and disbursement of the "Body-Worn Cameras (BWC) Fund." The legislation states that the SCPSCC "...shall oversee the fund...and disburse the funds in a fair and equitable manner, taking into consideration priorities in funding." In accordance with the above, your agency is being awarded funding to be used for the purchase of body-worn cameras, and/or associated storage/maintenance.

This agreement shall become effective as of the Date of Award, contingent upon the return of this form to the Office of Highway Safety and Justice Programs, signed by the Chief/Sheriff/Director (Official Authorized to Sign) in the space provided below. This award must be returned to the Office of Highway Safety and Justice Programs within 30 days of the Date of Award.

John Westerhold, Director
Office of Highway Safety and Justice Programs

ACCEPTANCE OF FUNDING

Signature of Official Authorized to Sign

This award is subject to the attached conditions.

2019 Financial Support Request for Law Enforcement Professionals Body-Worn Cameras Fund



To access available funds contained within the Body-Worn Cameras (BWC) Fund and under the authority of the SC Fublic Safety Coordinating To Council, sligible agencies/offices are requested to provide the information below to the Office of Highway Safety and Justice Programs (OHS/P) of the SC Department of Public Safety. Please attach year agency's current BWC policy and the letter indicating agreeved of said policy from the SC Law Enforcement Training Council with this form. The dendline for submitting this form to OHSJP is May 1, 2019. The form and accompanying documentation should be submitted to the attention of fir. Johnny Price, Office of Highway Safety and Justice Programs SC Department of Public Safety, P.O. Box 1993 Blythewood, SC 29016. Forms and accompanying documentation may be submitted in hard copy, seemed and e-mailed to BWCFund@asdys.cov, or fixed to (803) 896-9978.

| Varme | of Agency: Anderson County Sherif | Date: 3/5/ | 2019 |
|-------|--|--|--|
| | 305 Comson Read Ander | | 5 |
| | of-Contact (rank/name/phone number): Ross Bo | | |
| | hous number: 44-844-3042 Email: Chr | | The state of the s |
| | Total number of certified, uniformed officers in the a | | The state of the s |
| 2. | Total number of officers to be assigned BWC (Le function is to answer calls for service and interact v expectation that they will): | , number of uniformed of rith the public, or afficers w | ficers whose primary who have a reasonable |
| 3. | Total number of BWC currently in use by your Agence | y: _ O | |
| | Has your agency received any funding (local, state and Yes No If yea, how much has been re | eceived? Two \$60.000 | co Grants, expensit |
| 5. | Please provide the type of storage your agency is using | | feeding. |
| | Server-based Annual cost for server- Cloud-based Annual cost for cloud-l | based storage: 550, | 160.00 |
| | Other: Annual c | ost for "other" storage: | |
| 6. | Fill in the chart below with amount(s) requested based cameras requested in Item B., and a Grand Total Fund FUNDING TYPE | ling Request in the last row o | |
| | A. Reimbursement for previously-purchased BWC, a maintenance. (Purchase must be on or subsequent to Justiach supporting purchase documentation.) | terage, and/or | |
| | | cense \$ 104 | 535 |
| | C. Initial purchase of BWC equipment, data storage maintenance. | \$ 34 | ,560 |
| | Grand Fotal Funding Request | 1 | ,095 |
| | I attest that the information contained in this documen | | |
| She | riff Chad m& Bride | Captain C. Ross | Brown |
| | Printed Name and Title Chiefsheriff/Director | Printed Name an | |
| | W/ D | ORR. | ei Oilker |
| 2 | Signature Chiefshall (1971) | Signature | 1.000 |
| - | Chief/Shariff/Director | Authorized Financia | ii Omeet. |

| 020-2025 FISCAL IMPA | CT | | | | Dept | 5161 | S | heriff's Office | |
|--|--|--|--|--|--|--|--|---|--|
| Grant Name: Grant Number: Grant Period: Grant Award: | 2019 Justice Assistance Grant Not Yet Assigned Oct 1, 2018 - Sept 30, 2022 \$60,902 | Address/ Loca 305 Camson R Anderson, SC | d. | | Area Served: Anderson Cou | nty | Council District: | All | |
| | | Justification: | | | | | | | |
| the leading source of federal just The JAG Program provides state funding necessary to support a enforcement, prosecution and cand community corrections, dru | Captain Ross Brown 222-3969 d by the Bureau of Justice Assistance (BJA), is stice funding to state and local jurisdictions. tes, tribes, and local governments with critical range of program areas including law court, prevention and education, corrections g treatment and enforcement, planning, rovernent, and crime victim and witness | funding to state and forces to crime pre projects may address efficiency of crimin. This grant is all grant requires NC With funds from body-worn camera necessary storage. Transceivers. The ST-LIR thermal imag four cutabiners. | d local jurisdiction vention and dome less crime through al justice systems ocated annually to MATCH to be en this year's allocas a along with storal licensing. The dis SWAT team requiring device, and eitments will including the systems will including the systems of the syste | as. JAG funds sup- estic violence prog- the provision of s s, processes, and o local government expended. ation, we would like age and licensing ave team requests ests four bipods wight pairs of binoc | port all component grams, courts, corre- grams, courts, corre- grams, courts, corre- grams, courts, corre- grams, courts, corre- te to fund a few pro- for each. With this a wireless commun- vith adapters for nift sulars. The Bomb te | s of the criminal citions, treatment of the croportion of the crop | 751(a)) is the primary pal justice system, from ent, and justice inform for communities and be e state's 3-year violent then ff's Office. The AC anate purchasing about a including one 2-chant of protective gloves wour dual-cap crimpers, I footage, but the cost | multijurisdictional of ation sharing initiation sharing initiation in proving the effect crime average and SO plans to fund the 14 cameras with a nel surface station ith padding and sart, one digital backlit | drug and gang to the sectiveness and disposition of the purchase of the coessories & and twelve fety glasses, on galvonometer, and the section of the sectio |
| | | | | | | | | | |
| | | | | | Ongoin | a Grant Co | mmitmente | | |
| | COSTS | Grant Award | FY 19-20 | FY 20-21 | | | ommitments 3 FY 23-24 | FY 24-25 | |
| Personnel | COSTS | Grant Award Amount | FY 19-20 | FY 20-21 | Ongoin FY 21-22 | g Grant Co | | FY 24-25 | Operationa |
| | COSTS | - | FY 19-20 | FY 20-21 | | | | FY 24-25 | Operationa Costs |
| Operating Cost | COSTS | Amount | FY 19-20 | FY 20-21 | | | | FY 24-25 | Operationa Costs |
| Operating Cost Contractual Costs | COSTS | Amount | FY 19-20 | FY 20-21 | | | | FY 24-25 | Operationa Costs 0 13,352 |
| Operating Cost Contractual Costs Insurance Costs | COSTS | Amount | FY 19-20 | FY 20-21 | | | | FY 24-25 | Operationa Costs 0 13,352 |
| Operating Cost Contractual Costs Insurance Costs Capial (Costs | COSTS | 13,352 | FY 19-20 0 | FY 20-21 | | | | FY 24-25 | 0 13,352 0 0 |
| Personnel Operating Cost Contractual Costs Insurance Costs Capial (Costs Total FTE (new) | COSTS | 13,352 47,550 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 | | Operational Costs 0 13,352 0 0 47,550 |
| Operating Cost Contractual Costs Insurance Costs Capial Costs Total FTE (new) | COSTS Durce of Funds | 13,352 47,550 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 | | Operationa Costs 0 13,352 0 0 47,550 60,902 |
| Operating Cost Contractual Costs Insurance Costs Capial (Costs Fotal FTE (new) | | 47,550 60,902 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 | | Operationa Costs 0 13,352 0 0 47,550 60,902 0 |
| Operating Cost Contractual Costs Insurance Costs Capial Costs Total FTE (new) | | 13,352 47,550 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 | | Operational Costs 0 13,352 0 0 47,550 60,902 |
| Operating Cost Contractual Costs Insurance Costs Capial Costs Total FTE (new) | | 47,550 60,902 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 0 | | Operational Costs 0 13,352 0 0 47,550 60,902 0 60,902 |
| Operating Cost Contractual Costs Insurance Costs Capial Costs Total FTE (new) | | 47,550 60,902 | | | FY 21-22 | FY 22-23 | 3 FY 23-24 0 | | Operational Costs 0 13,352 0 0 47,550 60,902 0 60,902 0 |

GRANT CAPITAL ITEMS

| DEPARTMENT: | Sheriff's Office | - | |
|--|--|-----------------------------|----------------------------|
| GRANT NAME: | Justice Assistance Grant (JAG) | GRANT NUMBER: | Not Assigned until Awarded |
| PROJECT MGR: | Ross Brown | CONTACT NUMBER: | 222-3969 |
| CAPITAL ITEM REQUESTED: | (approx 14) Body Worn Cameras (E | BWC) w/ accessories, licens | ing, & data storage |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | ACSO Sworn Officers | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: buntry that seek to improve | The Anderson County Sheriff's Office the efficiency of operations and inve | | |
| | the functional integrity of law enforcer | | |
| | O has in place a BWC policy that has | | |
| ut currently, the ACSO has | zero BWC's to put into service. The | ACSO has secured a couple | e of grants for BWC, |
| at will all aid in implementi | ng the BWC program | | |
| AMOUNT: NOTE: | \$33,000.00 Price should include taxes and sh | ipping and handling char | ges. |
| OES CAPITAL ITEM REP | LACES OLD ITEM ALREADY ON HA n below) | AND? | YES NO (Circle one) |
| | | | |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |

SIGNATURE OF DIVISION DIRECTOR:

GRANT CAPITAL ITEMS

| | Justice Assistance Grant (JAG) | - | NI-1 A - 1 1 |
|--|---|---------------------------|----------------------------|
| PROJECT MGR: | | GRANT NUMBER: | Not Assigned until Awarded |
| | Ross Brown | CONTACT NUMBER: | 222-3969 |
| CAPITAL ITEM REQUESTED: | (1) FLIR Thermal Device | | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | ACSO SWAT Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: | | The team has used these | mal imaging frequently |
| | occur in low-light or no-light condition st felony suspects, as well as survey | | |
| | scan dark places from extended dis | | |
| | The FLIR system has an extended r | | |
| | | | |
| | | | |
| | | | |
| AMOUNT: | \$2,550.00 | | |
| NOTE: | Price should include taxes and sh | nipping and handling char | ges. |
| | | | |
| OES CAPITAL ITEM REPL | ACES OLD ITEM ALREADY ON HA | AND? | YES NO |
| yes fill in the information | below) | | (Circle one) |
| • | | | |
| | | | |
| so, please tell how item to | o be replaced will still be used and | location where it will be | used. |
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| IGNATURE OF DEPARTME | ENT MANAGER: | | |

GRANT CAPITAL ITEMS

| DEPARTMENT: | Sheriff's Office | _ | |
|---|---|------------------------------|----------------------------|
| GRANT NAME: | Justice Assistance Grant (JAG) | GRANT NUMBER: | Not Assigned until Awarded |
| PROJECT MGR: | Ross Brown | CONTACT NUMBER: | 222-3969 |
| CAPITAL ITEM REQUESTED: | (1) Wireless Communications Syste | em | |
| LOCATION WHERE CAPITAL ITEM WILL BE USED: | ACSO Dive Team | | |
| DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: apabilities. This will allow the | The ACSO Dive Team is requesting ne team to communicate diver to dive | | |
| | ne team on the surface needs to com | | |
| appening on the surface ar | nd vice versa. The person on the surf | ace can let the diver know o | of any new developments |
| | know to stay down longer, or when to | | |
| | d. A a diver can also communicate if l | | |
| stem allows the team to co | ommunicate with other teams when n | eeded or avoid interference | by using its own channel |
| AMOUNT: | \$12,000,00 | | |
| 7 | \$12,000.00 Price should include taxes and sh | sinning and handling char | noe |
| NOTE. | Frice should include taxes and sh | ipping and nanding char | ges. |
| OES CAPITAL ITEM REP | LACES OLD ITEM ALREADY ON HA | AND? | YES NO |
| yes fill in the information | | | (Circle one) |
| | • | | |
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| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
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| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |
| so, please tell how item t | to be replaced will still be used and | l location where it will be | used. |

| ITEM : | # MODEL OR DESCRIPTION | QTY | Gra | nt Budget |
|--------|---|-----|-----|-------------|
| Body-v | worn Cameras | | | |
| 1 | Camera & accessories including mounts, cables, controllers, docks, etc. | 14 | \$ | 15,000.00 |
| 2 | Licenses and data storage plan | 14 | \$ | 18,000.00 |
| | | | \$ | 33,000.00 |
| DIVE T | EAM | | | |
| 1 | SP-100D-2 buddy phone 2 channel surface station (wireless comm) | 1 | \$ | 1,500.00 |
| 2 | buddy phone through-water transceivers (Wireless Comm) | 12 | \$ | 10,500.00 |
| | | | \$ | 12,000.00 |
| SWAT | team | | | |
| 1 | Harris model HBLMS Bipods, 9"-13" with leg notches & | 4 | \$ | 800.00 |
| 2 | Harris RBA-1 Quick Detach Bipod Adapters | 4 | | |
| 3 | Mechanix Impact Multicam gloves (30 pair total) | 30 | \$ | 1,080.00 |
| 4 | Oakley M-Frame Array Safety Glasses (30 Pair total) | 30 | \$ | 6,960.00 |
| 5 | FLIR LSXR Thermal Device | 1 | \$ | 2,550.00 |
| 6 | Steiner Predator 10x42 binoculars | 8 | \$ | 3,440.00 |
| | | | \$ | 14,830.00 |
| Bomb | Team | | | |
| 1 | Dual-cap crimpers | 4 | \$ | 440.00 |
| 2 | Digital Backlit Galvonometer | 1 | \$ | 232.00 |
| 3 | Cutabiners | 4 | \$ | 400.00 |
| | | | \$ | 1,072.00 |
| | | | | |
| | Total Requests | | \$ | (60,902.00) |
| | Grant Award | | | 60,902.00 |

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N (DOJ Financial Guide, Section 3.10)

| Name | Position | | | Comp | utation | | | |
|---------------------------|-------------------------------|---|------|---|-----------------------|------------|-----------------------------|------------------|
| List each name, if known. | List each position, if known. | Show annual salory rate & omount of time devoted to the project for each name/position. | | | | | | |
| | | Salary | Rate | Time Worked (# of hours, days, months, years) | Percentage of Time | Total Cost | Non-Federal Contribution | Federa Reques |
| | | | | | | \$0 | | \$0 |
| | | | | | Total(s) | \$0 | \$0 | \$0 |

| Name List each grant-supported position receiving fringe benefits. | Computation Show the basis for computation. | | | | | | | |
|---|--|----------|------------|-----------------------------|--------------------|--|--|--|
| | Base | Rate | Total Cost | Non-Federal Contribution | Federal Request | | | |
| | | | \$0 | | \$0 | | | |
| | | Total(s) | \$0 | \$0 | \$0 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Purpose of Travel | Location | Type of Expense | Basis | | | | Comp | Computation | | | |
|---|----------------------------------|----------------------|------------------------------|------|------------|----------------|---------------|------------------|-----------------------------|--------------------|--|
| ndicate the purpose of each trip or type of trip (training, advisory group meeting) | Indicate the travel destination. | Lodging, Meals, Etc. | Per day, mile, trip, Etc. | | Compute th | e cost of each | type of expe | ense X the numbe | er of people travelin | g. | |
| | | | | Cost | Quantity | # of Staff | # of Trips | Total Cost | Non-Federal Contribution | Federal Request | |
| | | | N/A | | | | | \$0 | | \$0 | |
| | | | | | | The Lates | Total(s) | \$0 | \$0 | \$0 | |
| Varrative | | | | | - | | | | | | |

| Item | | Computation | | | | | | |
|--|--|-------------|------------|-----------------------------|--------------------|--|--|--|
| List and describe each item of equipment that will be purchased | Compute the cost (e.g., the number of each item to be purchased X the cost per item) | | | | | | | |
| | # of Items | Unit Cost | Total Cost | Non-Federal Contribution | Federal Request | | | |
| | | | \$0 | | \$0 | | | |
| CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO | | Total(s) | \$0 | \$0 | \$0 | | | |
| | | | | | | | | |
| | | | | | | | | |

| Supply Items | Computation | | | | | | | |
|--|-------------------------------|---|-------------------|-----------------------------|--------------------|--|--|--|
| Provide a list of the types of items to be purchased with grant funds. | Describe the item and the con | pute the costs. Computation: The number of each | h item to be purd | hased X the cost per | r item. | | | |
| | # of Items | Unit Cost | Total Cost | Non-Federal Contribution | Federal Request | | | |
| A) Camera & accessories including mounts, cables, controllers, docks, etc. | 14 | \$1,071.42 | \$15,000 | | \$15,000 | | | |
| A) Licenses and data storage plan | 14 | \$1,285.71 | \$18,000 | | \$18,000 | | | |
| 3) Bipods with leg notches & Quick Detach Bipod Adapters | 4 | \$200.00 | \$800 | | \$800 | | | |
| C) Mechanix Impact Multicam gloves | 30 | \$36.00 | \$1,080 | | \$1,080 | | | |
| D) Oakley M-Frame Array Safety Glasses | 30 | \$232.00 | \$6,960 | | \$6,960 | | | |
| E) FLIR Thermal Device | 1 | \$2,550.00 | \$2,550 | | \$2,550 | | | |
| -) 10x42 binoculars | 8 | \$430.00 | \$3,440 | | \$3,440 | | | |
| G) Dual-cap crimpers | 4 | \$110.00 | \$440 | | \$440 | | | |
| G) Digital Backlit Galvonometer | 1 | \$232.00 | \$232 | | \$232 | | | |
| G) Cutabiners | 4 | \$100.00 | \$400 | | \$400 | | | |
| H) buddy phone through-water transceivers (Wireless Comm) | 12 | \$875.00 | \$10,500 | | \$10,500 | | | |
| H) SP-100D-2 buddy phone 2 channel surface station (wireless comm) | 1 | \$1,500.00 | \$1,500 | | \$1,500 | | | |
| | | Total(s) | \$60,902 | \$0 | \$60,90 | | | |

- A) BWCs with associated hardware, warranties, licenses, data storage, etc to enhance the functional integrity of law enforcement activities, investigative techniques, office safety, and evidence-gathering procedures.
- B) The SWAT mission is evolving in Anderson County and experience has dictated the need for quick deployment of precision rifles during tactical situations to gain real-time intelligence and, if needed, for precision marksmanship. These bipods/adapters offer adjustments and range of motion that we currently do not have.
- C) During SWAT missions, gloves are invaluable in protecting the operator from hazards, including contaminated clothing and objects that would injure the operator. The gloves requested feature additional padding on the knuckles and back of the hand offering an additional layer of protection.
- D) Eye protection for the SWAT team that offer interchangeable lenses with the same frame allowing use of the appropriate lens for each application.
- E) The thermal device will aid in SWAT operations during low-light or no-light conditions, which present a disadvantage & danger to the operators. This device has an extended range enabling the operator to scan dark places from extended distances and detect the heat sources that suspects emit.
- F) SWAT's missions have evolved to include covert surveillance over the past few years and the team is currently inadequately equipped in its 30-man team for long-range surveillance. The requested binoculars are a good compact size with ample magnification.
- G) The crimpers, galvonometer, cutabiners would be used by EOD bomb technicians during missions. The Explosive Ordnance Disposal Squad is a vital piece of the Sheriff's Office; they deploy with SWAT, along with their own missions. There has been a significant increase in incidents within our coverage area and mutual aid areas, and this equipment is essential for their success.
- H) The ACSO Dive Team requests wireless communications to complete the full face mask ensemble. The wireless communications request includes a two channel surface station and 12 transceivers. The two channel system is better suited for this team in order to be compatible with other teams in the area. Having two channels means the team can communicate with other teams if need be or switch to another channel to avoid interference.

| Purpose | Description of Work | | Computation | | | | |
|---|--------------------------------------|--------------------------------------|--|-------------------|-----------|--------------------|--|
| Provide the purpose of the construction | Describe the construction project(s) | Compute the | costs (e.g., the number of each item to be purch | ased X the cost p | per item) | | |
| | | # of Items Cost Total Cost Non-Feder | | | | Federal Request | |
| | | | | \$0 | | \$0 | |
| | | Total(s) \$0 \$0 \$ | | | | | |

| Provide a description of the activi | | | Purpose | | Is the subaward for a consultant? If yes, use | | | |
|---|---------------------------------------|--------|--|------|---|---------------------------------|-----------------------------|--------------------|
| Description Provide a description of the activities to be carried out by subrecipients. | | | Purpose Describe the purpose of the subaward (subgrant) | | | | | |
| | 100.00 | | | | | Total Cost | Non-Federal Contribution | Federal Request |
| | | | | | | | | \$0 |
| onsultant Travel (if necessary) | | | | | Total(s | \$0 | \$0 | \$0 |
| Purpose of Travel Indicate the purpose of each trip or type of trip (training, advisory group meeting) | Location Indicate the travel destina | ation. | Type of Expense Hotel, airfare, per diem | Com | pute the cost of each ty | Computation pe of expense X the | number of people t | traveling. |
| | | | | Cost | Duration # of or Staff | Total Cost | Non-Federal Contribution | Federal Request |
| | | | | | | \$0 | | \$0 |
| | | | | | Tota | \$0 | \$0 | \$0 |
| | | | | | | | | |
| | | | | | | | | |
| I. Procurement Contracts | | | | | | | | |

| Provide a description of the products of contract and an estimate of the costs. promote free and open competition separate justification must be provided in excess of the Simplified Acquisition To | Applicants are encouraged to in awarding contracts. A for sole source procurements | Describe the purpose of the contract | Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost. | | | | |
|---|--|--------------------------------------|--|-----------------------------|-------------|-----------------------------|--------------------|
| | | | | | Total Cost | Non-Federal Contribution | Federal Request |
| | | | | | | | \$0 |
| | | | | Total(s) | \$0 | \$0 | \$0 |
| Consultant Travel (if necessary) Purpose of Travel | Location | Type of Expense | | | Computation | | |
| indicate the purpose of each trip or type of trip (training, advisory group meeting) | Indicate the travel destination. | Hotel, airfare, per diem | Con | npute the cost of each type | | number of people | traveling. |
| | | | Cost | Duration # of or Staff | Total Cost | Non-Federal Contribution | Federal Request |
| | | | | | \$0 | | \$0 |
| | | | | Total | \$0 | \$0 | \$0 |
| | | | | | | | |
| | | | | | | | |

| | Quantity | Basis | Cost | Length of Time | Total Cost | Non-Federal Contribution | Federal Request |
|---------|----------|-------|--------------------------|----------------|------------|-----------------------------|--------------------|
| | | | o help and a straight of | | \$0 | | \$0 |
| | | | | Total(s) | \$0 | \$0 | \$0 |
| nrative | | | | | in . | | |

| Description Describe what the approved rate is and how it is applied. | Computation Compute the indirect costs for those portions of the program which allow such costs. | | | | | | | | |
|--|---|--------------------|------------|-----------------------------|--------------------|--|--|--|--|
| | Base | Indirect Cost Rate | Total Cost | Non-Federal Contribution | Federal Request | | | | |
| | | | \$0 | | \$0 | | | | |
| | | Total(s) | \$0 | \$0 | \$0 | | | | |
| | | | | | | | | | |

Budget Summary

Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.

| Budget Category | Year 1 | | Year 2 (if needed) | | Year 3 (if needed) | | Year 4 (if needed) | | Year 5 (if needed) | | |
|--------------------------|--------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|----------|
| | Federal Request | Non-Federal Request | Federal | Non-Federal Request | Federal Request | Non-Federal Request | Federal Request | Non-Federal Request | Federal Request | Non-Federal Request | Total(s) |
| A. Personnel | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| B. Fringe Benefits | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| C. Travel | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| D. Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| E. Supplies | \$60,902 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$60,902 |
| F. Construction | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| G. Subawards (Subgrants) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| H. Procurement Contracts | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| . Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Direct Costs | \$60,902 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$60,902 |
| . Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Project Costs | \$60,902 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$60,902 |