

Governor's Office of Planning and Budget

BUDGET DETAIL WORKSHEET

Grantee Name:	DeKalb County Police Department
Grant ID:	
Submitted By (Budget POC):	Major Curtis Williams
Contact:	Mirtha V.Ramos, Chief of Police
Grant Program:	Public Safety and Community Violence Reduction Grant
Program Area:	Public Safety
Budget Years:	FY2022

This Budget Detail Worksheet is used to verify all Payment Requests (PA) and to determine whether costs are allowable for reimbursement. All required information must be present in the budget narrative, regardless of format.

Federal Uniform Guidance rules are applicable.

Uniform Guidance can be found at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.325> (2 CFR Part 200) and it establishes uniform administrative, cost principles, and audit requirements for federal awards to non-federal entities.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

1. Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar program activities.

Title	First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
PERSONNEL TOTAL						\$0

2. Fringe Benefits-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
FRINGE TOTAL						\$0.00

PERSONNEL GRAND TOTAL **\$0**

3. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Please note that the maximum reimbursement rate is \$0.585 per mile, but if your agency's reimbursement rate is lower you must use that rate instead.

Trainings and Conferences <small>**All trainings and conferences must be pre-approved by OPB and must include an agenda submitted to your OPB Program Specialist.</small>							
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00

	\$0.00
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Mileage					
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TRAVEL TOTAL					\$0.00

4. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost
FususONE	\$125,000.00	3.00	Fusus	\$375,000.00
Flock Cameras	\$5,000.00	20.00	Flock	\$100,000.00
Pole Cameras	\$5,022.27	4.00	Crime Point	\$20,089.08
HP DesignJet T1600 Post Script Printer	\$6,643.99	1.00	CDW	\$6,643.99
L3 Wescam MX-10 HD EO/IR Camera	\$350,000.00	1.00	CNC Technologies	\$350,000.00
Rapid Assault Tools All in One Breaching Training Door	\$11,500.00	1.00	Rapid Assault Tools	\$11,500.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
EQUIPMENT TOTAL				\$863,233.07

5. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and ABC Company for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	Cost
Fusus CoreLite Extended	\$300.00	55	Fusus	\$16,500.00
Entering Auto Signs	\$135.84	100	AKO Signs	\$13,584.00
Kline Rechargeable Thermal Imager	\$500.00	20	Home Depot	\$10,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUPPLY TOTAL				\$40,084.00

Construction-- Please list approved constructions costs under Contracts/Consultants/Subawards. Where equipment and supplies will be purchased for approved construction activity, please place them under the appropriate equipment or supply category and include your justification.

6. Contracts/Consultants/Subawards: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000. Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
C/C/S TOTAL					\$0.00

7. Other-- List items by type (e.g. rent, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services. Show budget calculation.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
OTHER/IC TOTAL					\$0.00

Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel

formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category	Amount
1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$0
4. Equipment	\$863,233
5. Supplies	\$40,084
6. Contracts/Consultants/Subawards	\$0
7. Other	\$0
TOTAL	\$903,317

TOTAL COSTS must reconcile to the application and the total grant award.

Budget Narrative

The equipment and supplies that the DeKalb County Police Department are requesting total \$903,317.00 coming from the PSCVRG. We do not anticipate any additional costs for the requested items. FususONE: The DeKalb County Police Department will use this technology to streamline emergency and incident management, by fusing community video assets into a single platform, thereby providing officers with the tools to efficiently monitor and rapidly respond to evolving situations and identify and apprehend criminals. We are requesting the funding to cover 2 years of service.
FususCORE: Elite AI boxes: The boxes will allow DeKalb County Police officers to access live streaming video feeds from security cameras.
Bole Cameras: Would permit real-time monitoring as well as recording. They can be placed temporarily in high crime areas for covert surveillance and be relocated as needed.