Governor's Office of Planning and Budget

BUDGET DETAIL WORKSHEET

Grantee Name:	City of Statesboro	
Grant ID:	GA-0013872	
Submitted By		
(Budget POC):	Deputy Chief Robert W. Bryan	
Contact:	Deputy Chief Robert W. Bryan; rob.bryan@statesboroga.gov; (912) 212-2302	
Grant Program:	State Fiscal Recovery Funds Tranche II	
Program Area:	Public Safety and Community Violence Reduction	
Budget Years:	2023, 2024, 2025, and 2026	

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
			9		\$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
				PERSON	NEL 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 pecentage of salary or wages	% Time to Project	Cost
						\$0.0
	 					\$0.0
	+					\$0.0
		—				\$0.0
						\$0.0
						\$0.0
						\$0.0
						\$0.0
						\$0.0
					FRINGE TOTAL	\$0.0

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 SX airfare, SX lodging, SX 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.

rainings and Conferences Purpose of Travel	**All trainings and confere	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost
Turpose of Traver							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
			***				\$0.0
							\$0.0
			 				\$0.0
		*****					\$0.0

Mileage					
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost
					\$0.
					\$0.0
					\$0.
					\$0.
					\$0.
					\$0.
					\$0.
					\$0.
			TRAVE	L TOTAL	\$0.

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
				\$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
			EQUIPMENT TOTAL	\$0.00

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
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			SUPPLY TOTAL	\$0.00

Construction-Please list approved contructions 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	\$0.0

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
Gun Shot Sensors 2 sq mile (per year)	\$50,000.00	3.08	100.00%	Flock Safety	\$154,150.00
40 Fixed License Plate Reader Camera (cost per yr)	\$100,000.00	3.08	100.00%	Flock Safety	\$308,000.00
5 Portable LPR Cameras (cost per yr)	\$15,000.00	3.08	100.00%	Flock Safety	\$46,200.00
Flock Safety Advanced Search (cost per yr)	\$3,500.00	3.08	100.00%	Flock Safety	\$10,780.00
Professional Services - Flock Installation	\$350.00	40.00	100.00%	Flock Safety	\$14,000.00
Fusus CorePro's	\$600.00	22.00	100.00%	Fusus	\$13,200.00
Pole Mounted Cameras (Pan, Tilt, Zoom)	\$4,859.00	3.00	100.00%	Femac	\$14,577.00
Contengiencies			100.00%	TBA	\$5,035.30
					\$0.00
					\$0.00
					\$0.00
				OTHER/IC TOTAL	\$565,942.30

\$0.00

Budget Category	Amount
1. Personnel	\$0.00
2. Fringe Benefits	\$0.00
3. Travel	\$0.00
4. Equipment	\$0.00
5. Supplies	\$0.00
6. Contracts/Consultants/Subawards	\$0.00
7. Other	\$565,942.30
TOTAL	\$565,942.30

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

Budget Narrative

Budget Narrative

Updated Budget Narrative. The total initial request for the Statesboro Police VCRS Project totaled \$514,493.00 and the amount awarded was increased to \$565,942.30. Project implementation is being anticpated for Sepetember 2023 for the contactual parts of this grant package. The project will conclude on October 31, 2026. Costs for the Gun Shot Sensors, 40 Fixed location LPRs and 5 Mobile LPRs are shown at cost per unit per year and the number of unit's calculation is set at 3.08 to reflect a September 1, 2023 implementation of service, with the service terminating on Oct 31, 2026. The Professional Services from Flock Safety covers the professional installation of the 40 fixed location LPRs and is a one-time cost. The Core Pro's and Pole Mounted Camera are also one-time costs. After consulting with OPB the funding amounts for the length of the project have been edited, the money is being relacated to increase the number of fixed LPR locations. Also the awarded contengency money is being realocated to expand the number of fixed LPR locations and the installations for those new sites.