

# 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-11/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 file 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
<b>PERSONNEL TOTAL</b>						<b>\$0</b>

**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
<b>FRINGE TOTAL</b>						<b>\$0.00</b>

**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 <b>**All trainings and conferences must be pre-approved by OPB and must include an agenda submitted to your OPB Program Specialist.</b>							
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
							\$0.00
							\$0.00
							\$0.00
							\$0.00





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	\$0.00
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
<b>TOTAL</b>	<b>\$565,942.30</b>

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

**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 anticipated for September 2023 for the contractual 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 reallocated to increase the number of fixed LPR locations. Also the awarded contingency money is being reallocated to expand the number of fixed LPR locations and the installations for those new sites.

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