Governor's Office of Planning and Budget

BUDGET DETAIL WORKSHEET

Grantee Name:	City of Statesboro	
A STATE OF THE PROPERTY OF THE		
Grant ID:	GA-000000118	
Submitted By		
(Budget POC):	Robert W Bryan	
Contact:	Robert W Bryan	
Grant Program:	Statesboro PD VCRS	
Program Area:	Equipment and Technology	
Budget Years:	FY2022 - FY 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

NOTE - If you need extra knes 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 inght 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
					\$0.00

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost
		A. 1				\$0.00
						\$0.00
						\$0.00
						\$0.00
		A AND THE PARTY OF				\$0.00
		N 100 100 100 100 100 100 100 100 100 10				\$0.00
		Se. 7 7				\$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 taxies), 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.
					FRINGE TOTAL	\$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 perticipants 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 Purpose of Travel	**All trainings and confere	Item	Cost		# Nights/Days	# Trips	Cost
Turpose of Huver	Gtan member	ii.ciii		W Marviaus	" tugitie/Duyo		\$0.0
***************************************							\$0.0
	<u> </u>		Maria de la companya della companya				\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0
							\$0.0

					\$0.00
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
			TRAVE	L 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
Pole Mounted Cameras (Pan, Tilt, Zoom)	\$4,981.10	3.00	FEMAC	\$14,943.30
Fusus CorePro's (27 UNITS)	\$16,200.00	1.00	FUSUS	\$16,200.00
				\$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	\$31,143.30

5. Supplies— List items by type (e.g. office supplies postage, copier usage, training supplies publications audiolyideo (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
	d			\$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).

			Define Unit of		
Name of Consultant	Service Provided	Cost per unit	Service	# Units	Cost
Flock Safety	Gun Shot Sensors 2 sq mile (per year)	\$50,000	3 yrs	3.08	\$154,000.00
Flock Safety	40 Fixed License Plate Reader Camera (cost per yr)	\$100,000.00	3 yrs	3.08	\$308,000.00
Flocxk Safety	Advanced Search	\$3,500.00	3 yrs	3.00	\$12,600.00
Flock Safety	5 Portable LPR Cameras (cost per yr)	\$15,000.00	3 yrs	3.08	\$46,200.00
Flock Safety	Professional Installation Services - Flock Installation 40 fixed locations	\$350.00	1 time	40.00	\$14,000.00
	·		C/C/S	TOTAL	\$534,800.00

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.

ltem	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost
				A 221	\$0.00
	****				\$0.00
· · · · · · · · · · · · · · · · · · ·					\$0.00 \$0.00

				OTHER/IC TOTAL	\$0.00

Budget Category	Amount
1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$0
4. Equipment	\$31,143
5. Supplies	\$0
6. Contracts/Consultants/Subawards	\$534,800
7. Other	\$0
TOTAL	\$565,943

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

Budget Narrative

The total request for the Statesboro Police VCRS Project totals \$565,942.30. The project would be implemented as soon as the final budget approval is granted. The project will conclude on October 31, 2026. Contract Services include costs for the Gun Shot Sensors (2 square miles), 40 Fixed location LPRs and 5 Mobile LPRs are shown with a mulitplier of 3.08 to reflect a October 1, 2023 implementation of service, with the service terminating on Oct 31, 2026 and Proffesional Installation from Flock Safety covers the installation of the 40 fixed location LPRs and is a one-time cost. Equipment: The Core Pro's and Pole Mounted Camera are also one-time costs. This reflects the usage of contingency funding and the shortened contract times to increase the number of Fixed LPR locations from 25 in the originbal budget to 40 currently.

V5.3.22

Budget Summary

Grantee Name:	City of Statesboro
Grant ID:	GA-000000118

Budget Category	Federal Request	Non-Federal Reques
1. Personnel	\$ _	
2. Fringe Benefits	\$ -	
3. Travel	\$ -	
4. Equipment	\$ 31,143.30	
5. Supplies	\$ •	
6. Contacts, Consultants, Subawards	\$ 534,800.00	
7. Other	\$ -	
Total All Years	\$	500,928.00