



**STATE OF SOUTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF JUSTICE PROGRAMS**

DRUG CONTROL AND SYSTEM IMPROVEMENT PROGRAM GRANT APPLICATION

FOR STATE FUNDING AGENCY (SFA) USE ONLY

Grant #: 1D04011 Award Date: _____
 Prior Grant #1: _____ #2: _____ #3: _____
 App#: AD04013N Federal ID No.: _____
 Federal Fiscal Year: _____ Fund Year: _____ Program Area: _____

TO BE COMPLETED BY PROJECT DIRECTOR--SEE INSTRUCTIONS

1. County #: 4 Grant Period: _____
 County Name: Anderson Begin: 7/1/2004 End: 6/30/2005

3. Project Title: Live Scan Device

4. Project Summary: Implement Live Scan Technology so that the City of Anderson Police Department can transmit finger prints to SLED electronically.

5. Type of Application (Check Applicable Line)
 a. Initial Continuation b. Year of Funds: 1st 2nd 3rd Other: _____
 Revision Reverted c. Advance Reimbursable

6. a. Organization Type: (Check Applicable Line)
 State City County
 Private, Non-Profit Organization
 Other (Specify): _____

7. **Implementing Agency:**
 Name: Anderson City Police Department
 Address: 401 South Main Street
 City: Anderson, South Carolina
 10 Digit Zip: 29624-2301
 (Area) Phone #: (864) 231-2272
 (Area) Fax #: (864) 260-4615

b. U.S. Congressional District: 3

COMPLETE PAGES 2&3 BEFORE COMPLETING THIS SECTION

8. BUDGET: USE WHOLE DOLLARS ONLY! (For Example: \$1,500 NOT \$1,500.00)

<u>BUDGET CATEGORIES</u>	<u>GRANTOR</u>	<u>AGENCY MATCH</u>	<u>TOTAL</u>
Personnel	<u>0</u>	<u>0</u>	<u>0</u>
Contractual Services	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Travel	<u>0</u>	<u>0</u>	<u>0</u>
Equipment	<u>47,625</u>	<u>15,875</u>	<u>63,500</u>
Renovation/Construction	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Other	<u>15,150</u>	<u>5,050</u>	<u>20,200</u>
TOTAL:	<u>62,775</u>	<u>20,925</u>	<u>83,700</u>
b. PERCENTAGE:	75%	25%	100%

9. APPROPRIATION OF NON-GRANTOR MATCHING FUNDS: State County City
 Other (Explain): _____

CATEGORIES	GRANTOR	MATCHING FUNDS		TOTAL																								
		CASH	IN-KIND																									
I. PERSONNEL																												
A. SALARIES: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">% of Time</td> <td style="width: 20%;"></td> </tr> <tr> <td><u>Position Title</u></td> <td style="text-align: center;"><u>On Project</u></td> <td style="text-align: center;"><u>Quantity</u></td> </tr> </table>		% of Time		<u>Position Title</u>	<u>On Project</u>	<u>Quantity</u>			N/A																			
	% of Time																											
<u>Position Title</u>	<u>On Project</u>	<u>Quantity</u>																										
There is no PERSONNEL in this Request for Funding.																												
TOTAL SALARIES:			N/A																									
B. EMPLOYER CONTRIBUTION: (Fringe Benefits) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">% or Rate X Base</td> <td style="width: 20%;"></td> </tr> <tr> <td>Description</td> <td></td> <td></td> </tr> <tr> <td>FICA</td> <td style="text-align: center;">7.65</td> <td></td> </tr> <tr> <td>Retirement</td> <td style="text-align: center;">10.3</td> <td></td> </tr> <tr> <td>Health Insurance /Yr</td> <td style="text-align: center;">3624</td> <td></td> </tr> <tr> <td>Workers Compensation</td> <td style="text-align: center;">3.6</td> <td></td> </tr> <tr> <td>Unemployment Ins.</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Wellness Benefit</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		% or Rate X Base		Description			FICA	7.65		Retirement	10.3		Health Insurance /Yr	3624		Workers Compensation	3.6		Unemployment Ins.	2		Wellness Benefit	2				N/A	
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TOTAL EMPLOYER CONTRIBUTIONS:			N/A																									
TOTAL PERSONNEL:			N/A																									
II. CONTRACTUAL SERVICES: (Describe - DO NOT include professional fees for doctors, psychologists, etc.)			N/A																									
TOTAL CONTRACTUAL SERVICES:			N/A																									
III. Travel: (Itemize - include mileage, airline cost, lodging, per diem, parking, car rental)			N/A																									
TOTAL TRAVEL:	0	0	N/A	0																								

List items under each Budget Category heading. Explain exactly how each item in your budget (both grantor and match) 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.

PERSONNEL

There are no PERSONNEL in this grant proposal.

TRAVEL

There is no travel on this grant award.

EQUIPMENT

Live Scan Device: The purchase of one (1) Live Scan Device to electronically transmit finger prints to SLED. Includes Live Scan Station, Cables, Cabinet, and all Software related to the operation of the Live Scan.

Installation and Equipment for T-1 Line: Equipment and installation costs to allow the Live Scan to communicate with SLED.

OTHER

Monthly service for T-1 Line: The costs for one year of monthly service to allow the Live Scan to communicate with SLED.

Interfacing Software: To allow the software currently in use to interface with the Live Scan.

Mug Shot Software: To give the Live Scan Device mug shot capability.

This Page is Blank on the Live Scan Implementation Project Award

Grant Number _____

PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not have to complete this form.

We agree to have an audit conducted in compliance with OMB Circular A-133, whichever is applicable. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$300,000). If required, we will forward for review and clearance a copy of the completed audit(s), including the management letter if applicable, to:

**M. F. McElveen, Jr., Manager
Accounting - Grants, Building D-1
S.C. Department of Public Safety
Post Office Box 1993
Blythewood, South Carolina 29016-1993**

The following is information on the next organization-wide audit which will include this agency:

- 1. *Audit Period: Beginning 7/1/2004 Ending 6/30/2005
- 2. Audit will be submitted to Accounting - Grants by: 3/31/2006
(Date)

NOTE: The audit or written certification must be submitted to Accounting - Grants, S.C. Department of Public Safety, ***no later than the ninth month after the end of the audit period.***

Additionally, we have or will notify our auditor of the above audit requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with OMB Circular A-133.

Any information regarding the OMB Circular audit requirements will be furnished by Accounting - Grants, S.C. Department of Public Safety, upon request.

***NOTE: The Audit Period is the organization's fiscal or calendar year to be audited.**

Failure to complete this form will result in your grant award being delayed and/or cancelled.

PROBLEM STATEMENT: First, define the problem exactly as it exists in your particular community. Describe the nature and magnitude of the problem using valid, updated statistical data, and cite the source and date of your information. Prior data may be used to show changes in the magnitude or severity of the problem. Remember to document the problem and not the symptoms or solutions of the problem. Second, identify your existing efforts, current resources and problems being utilized to deal with the problem.

SEE MS WORD FILE FOR PAGE 7

PROJECT PURPOSE: First, describe the broad goals of your project. Then describe a specific plan for conducting the project and a rationale for the tasks and activities to be employed to address the problem outlined on Page 7.

PROJECT PURPOSE

Broad Goals

1. To improve the quality of fingerprints in the SLED AFIS database by transmitting fingerprints electronically to SLED.

Specific Plan

The following tasks and activities will be employed to achieve the program's goals.

1. A site survey will be conducted for the location of the LIVE SCAN Device to be sure security and space needs are adequate. If deficiencies are found, they will be corrected by the agency prior to installation of the equipment.
2. The LIVE SCAN Device and communications package will be bid out and purchased upon receiving written approval from the state funding agency.
3. The communications package will allow the LIVE SCAN Device to interface with the computerized SLED fingerprint files in order to electronically transmit the completed fingerprint card. The LIVE SCAN Device will be interfaced with the current jail management system so that the entire booking process can become automated.
4. The vendor will conduct initial setup of the LIVE SCAN Device according to the purchase agreement. The vendor will also provide training for use of the system per the purchase agreement. This will be accomplished through the following:
 - A. Conduct site survey
 - B. Bid the equipment
 - C. Request permission to purchase equipment from the grants office
 - D. Purchase the equipment
 - E. Install the equipment
 - F. Train users on the Equipment
 - G. Utilize the equipment
 - H. Complete grant programmatic and financial reports

PROJECT OBJECTIVE(S): Objectives are specific, quantified statements of expected results of the project. The objectives must be described in terms of measurable events that can be realistically expected under time constraints and resources. Objectives must be related to the Problem Statement and Project Purpose outlined on Pages 7 and 8.

PROJECT OBJECTIVES

1. Reduce the rejection rate of fingerprint cards.
2. Produce AFIS quality fingerprints to be sent electronically to SLED and the FBI to be entered into the criminal history records and AFIS system.
3. Decrease the average time to fingerprint an arrestee.

PERFORMANCE INDICATOR(S): State exactly how each objective will be measured. Performance indicators must be matched to each specific program objective on Page 9 (i.e., if there are 5 objectives, then there must be 5 corresponding performance indicators). Performance indicators are based on quantitative (numbers) and qualitative (opinions organized in meaningful ways) data gathering procedures which evaluate and document your project.

PERFORMANCE INDICATORS

1. Maintain a log/file of rejected prints while using the manual system and compare to the rejections using the LIVE SCAN Device. (Ex. Compare similar time periods such as 7/1/03 through 6/30/04 to 7/1/04 through 6/30/05)
2. Communicate with SLED regarding successful transmission of fingerprint data to their system and determine problems or causes for rejections of records. Corrective measures will be taken as needed. Documentation of the problems and corrective actions will be maintained and reported to the Office of Justice Programs.
3. Maintain a log of the average amount of time it takes to fingerprint an arrestee prior to receiving the LIVE SCAN Device and one using the LIVE SCAN Device. Compare the logs to show the reduction in time.

PROJECT EVALUATION: This requirement is to: (1) establish an evaluation plan or process to assess the impact of your project on the drug and violent crime problem in your jurisdiction, (2) conduct the evaluation during the grant funded period, and (3) submit a formal written evaluation report at the close of the grant period. The purpose of evaluating each project is to assess how well it has been implemented in your jurisdiction and to assess the extent to which the activities funded have achieved the project's goals. The plan or process must describe how the evaluation will be accomplished and must describe the range of activities that will serve as vehicles for obtaining general qualitative and specific quantitative information. **The plan or process must be completed and submitted on this page.**

EVALUATION PLAN and REPORT

1. The Project Director will be responsible for the final evaluation of the project's effectiveness. The evaluation will address the achievement of the objectives and performance indicators, as well as the overall impact the project has made on the department.

TOTAL PROJECT AREA POPULATION Provide the most current population figures for the area served by this project. The population of the project area may be larger than the population of the recipient unit of government (e.g., the project is a multi-jurisdictional effort) or smaller (e.g., the project targets a specific segment of the jurisdiction). Cite the source of the information presented.

Total Population for county(ies): _____ or city/town: 26,120

Cite source of information: U. S. D. O. J. / F.B.I. As published in 2002 *Crime in the United States*, page 157

AGENCY INFORMATION (For Law Enforcement Agencies ONLY)

Number of sworn officers in agency 89

Number of non-sworn staff in agency: 42

Total number of personnel in Agency: 131

*Some of the non-sworn staff are part-time.

Source: City of Anderson, South Carolina Police Department Fiscal Year 2003 Annual Report.

GRANT-FUNDED PERSONNEL TRAINING: A formal training plan should be prepared for grant-funded personnel to provide qualification training necessary to adequately implement the first year of the grant project. For continuation grant projects, sustainment training needs are encouraged and expected. Cite the training plan and training courses below.

TRAINING PLAN:

All affected personnel will be trained in the operation of the Live Scan hardware and software.

PROJECT CONTINUATION POTENTIAL: Explain how the project activity will be continued after federal assistance is no longer available.

City Officials have agreed to continue this project through the municipal budget.

SCHEDULE of EVENTS

Implementation Tasks	Person Responsible	Implementation Proposed Time Frame (Proposed Quarters)				Implementation Actual Time Frame (Actual Dates)			
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Bid equipment	Project Director	X							
Conduct Site Survey	Project Director	X							
Correct Problems Resulting From Site Survey	Project Director	X							
Request Permission to purchase	Project Director	X							
Order Equipment	Project Director	X							
Install Telephone Line	Project Director	X							
Install Live Scan Equipment	Vendor		X						
Train Equipment Users	Vendor		X	X					
Use Equipment	Project Director / Officers			X	X				
Compare/Collect Data	Project Director	X	X	X	X				
Complete/Submit Quarterly Progress Reports	Project Director	X	X	X	X				
Complete/Submit Quarterly Requests for Payments	Project Director	X	X	X	X				
Complete/Submit Annual Evaluation Report	Project Director				X				

The implementation schedule is intended to give our office a proposed list of activities planned, when they are to be implemented, and the person responsible. Exact dates are not necessary in the "Implementation Proposed Time Frame" section. Please use an "X" to denote which quarter you plan to implement the activity. This schedule will be used to reflect the actual activities, dates, etc. in the "Implementation Actual Time Frame" section when the grant project is monitored.

DRUG CONTROL AND SYSTEM IMPROVEMENT GRANT TERMS AND CONDITIONS

NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION

GRANT NO. _____

CERTIFICATION BY PROJECT DIRECTOR *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

Name: Jack Sanders Title: Captain of Investigative Services
 (Please Print or Type)

Agency: City of Anderson Police Department Mailing Address: 401 South Main Street

Phone Number: (864) 231-5938 City/State: Anderson, South Carolina

Zip (9 digit) 29624-2301

Fax Number: (864) 231-2278 E-Mail Address: apdi1@yahoo.com

Signature: X Bonded: Yes No

CERTIFICATION BY FINANCIAL OFFICER *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this grant application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the fiscal terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

Name: Peggy Maxwell Title: Financial Director
 (Please Print or Type)

Agency: City of Anderson, South Carolina Mailing Address: 401 South Main Street

Phone Number: (864) 231-2204 Anderson, South Carolina 29624-2301

Fax Number: (864) 231-5939 E-Mail Address: pmaxwell@cityofandersonsc.com

Signature: X Bonded: Yes No

