



**STATE OF SOUTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY**

DRUG CONTROL SYSTEM IMPROVEMENT PROGRAM GRANT APPLICATION

FOR STATE FUNDING AGENCY (SFA) USE ONLY

Grant #: 1D03023 Award Date: _____
 Prior Grant #1: _____ #2: _____ #3: _____
 App#: AD03031N Federal ID No.: _____
 Federal Fiscal Year: _____ Fund Year: _____ Program Area: _____

TO BE COMPLETED BY PROJECT DIRECTOR--SEE INSTRUCTIONS

1. County #: 4
 County Name: Anderson

2. Grant Period:
 Begin: 7/1/2003 End: 6/30/2004

3. Project Title: City of Anderson Police Department NIBRS Upgrade

4. Project Summary: Implement Information Technology Program to become compliant with SLED's requirements so that we can electronically transmit NIBRS/UCR data to SLED after January 1, 2003.

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): _____
 b. U.S. Congressional District: 3

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

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>111,000</u>	<u>37,000</u>	<u>148,000</u>
Renovation/Construction	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Other	<u>64,600</u>	<u>21,533</u>	<u>86,133</u>
TOTAL:	<u>175,600</u>	<u>58,533</u>	<u>234,133</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:	% of Time	Quantity				
Position Title	On Project				N/A	
There are no PERSONNEL in this Request for Funding.						
TOTAL SALARIES:					N/A	
B. EMPLOYER CONTRIBUTION: (Fringe Benefits)					N/A	
Description	% or Rate X Base					
FICA	7.65					
Retirement	10.3					
Health Insurance /Yr	3624					
Workers Compensation	3.6					
Unemployment Ins.	2					
Wellness Benefit	2	420				
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	
There is no TRAVEL in this Request for Funding.						
TOTAL TRAVEL:					N/A	

CATEGORIES	GRANTOR	MATCHING FUNDS		TOTAL
		CASH	IN-KIND	
IV. EQUIPMENT (\$1,000 or more per unit): (Itemize - DO NOT USE BRAND NAME. Also, DO NOT include leased or rented items.)			N/A	
<u>Item</u> <u>Quantity</u>				
Laptop Computers (Military Grade), Docking Stations & Hardware	25 @ \$5600	105,000	35,000	140,000
Server	1 @ \$8000	6,000	2,000	8,000
TOTAL EQUIPMENT:	111,000	37,000	N/A	148,000
V. RENOVATIONS/CONSTRUCTION: (Describe)	N/A	N/A	N/A	N/A
TOTAL RENOVATIONS/CONSTRUCTIONS:	0	0	N/A	0
VI. OTHER: (Itemize -- see instructions)			N/A	
<u>Item</u> <u>Quantity</u>				
Incident Reporting Software, Training, Installation & Mtnce.		40,000	13,333	53,333
Network Software		17,250	5,750	23,000
Conversion of Existing Data		7,350	2,450	9,800
TOTAL OTHER:		64,600	21,533	N/A

Revised June 4, 2003 as per the grant award & special conditions. (Pages 1, 3, & 4)

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 in this grant proposal.

EQUIPMENT

Laptop Computers, Docking Stations and Hardware: Twenty-five military grade laptop computers to allow patrol officers to prepare reports "in the field" to eliminate their having to return to the police department after writing each report. Twenty-five Docking Stations (with hardware) for patrol vehicles to provide power to the officers' laptops in the field.

Server: The server will store the program(s) and data. It will be necessary to transmit the data to SLED.

OTHER

Incident Reporting Software, Training, Installation and Maintenance: SLED compatible NIBRS software necessary to provide a medium for entering criminal report data into the information system and transmitting the data in a form compatible with SLED's system. Training is required by SLED in order to provide instruction to officers and management about the proper operation of the proposed information system. Installation and Maintenance necessary for the proper installation of the equipment.

Network Software: Network software provides the access of the department's individual computers to the server. It also allows the department server to access the server at SLED.

Conversion of Existing Data: Necessary to convert the data that is currently in the department's data banks into a format recognizable by the new software.

This page is blank on the NIBRS / SCIBRS grant proposal.

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, Modular #14
S.C. Department of Public Safety
5400 Broad River Road
Columbia, South Carolina 29212-3540**

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

1. *Audit Period: Beginning 7/1/2003 Ending 6/30/2004
2. Audit will be submitted to Accounting - Grants by: 3/31/2005
(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. The primary goal of this program is to establish compliance with state mandated requirements that law enforcement agencies electronically transmit all South Carolina Incident Reports as of the end of calendar year 2003.
2. A secondary goal is to improve efficiency and reduce the error rate of written incident reports that are transmitted to the South Carolina Law Enforcement Division.
3. In addition, a further purpose of this program is to allow the department to take a proactive stance toward crime control by mapping local crime rates and crime trends and thereby more effectively utilize department resources by concentrating resources in areas where the data indicate that law enforcement is most needed.

Specific Plan

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

1. Solicit proposals for new hardware and software required for a Windows based Incident Reporting network.
2. Purchase the necessary hardware and software to convert our current hardware and existing data into compatibility with NIBRS/SCIBRS software in order to properly transmit reports to SLED and map criminal activity.
3. Purchase and install Windows based NIBRS/SCIBRS hardware and software necessary for officers to write incident reports.
4. Configure and convert existing databases to be compatible with Windows based NIBRS/SCIBRS software databases.
5. Train all personnel in the use of the new equipment and software.
6. Begin electronic data submission to SLED.

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. Improve the current computer hardware and network software through the purchase of new software & hardware.
2. Implement Windows based NIBRS software reporting program.
3. Convert current database information to a format compatible with the NIBRS database.
4. Establish capability to transmit NIBRS data to SLED by upgrading current computer software.
5. Reduce the monthly data transmission error rate.
6. Decrease violent crime rate.

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. Purchase and install new computer hardware and software by the end of the first quarter.
2. Purchase and install new Windows based NIBRS software by the end of the second quarter.
3. Convert existing databases to Windows NIBRS databases by the end of the third quarter.
4. Test the newly installed NIBRS software as required by SLED to insure compatability with their system and track the error rate(s).
5. The SLED monthly data report will be analyzed to determine the monthly error rate of the transmitted data.
6. Incident report analysis and the SLED monthly data report will be used to determine fluctuation in crime rate.

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 quarterly progress reports and the annual evaluation.
2. The Project Director will document the solicitation, purchase, and installation of all hardware and software as well as maintain a log of all personnel trained to use the new hardware and software with dates of completion.
3. The Project Director will track the monthly error rate and compare it to the previous year's error rate for that month.
4. The Project Director will track UCR Part I crime data each month and compare it to data from the previous year each month.
5. At the end of the year the Project Director will collect, analyze, and correlate the error rate and the Part I UCR crime rate and provide reports comparing them to the previous year.

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: 25,514

Cite source of information: U. S. Census Bureau, Census 2000

AGENCY INFORMATION: (For Law Enforcement Agencies ONLY)

*Number of sworn officers in agency: 87

**Number of non-sworn staff in agency: 47

Total number of personnel in Agency: 134

*The number of sworn officers includes a SC DJJ funded truancy officer, a federally funded SRO, a School District funded SRO, and a Court Security officer for City Municipal Court.

**Some of the non-sworn staff are part-time. Also, the total does not reflect the non-budgeted position of Chaplain.

Source: City of Anderson, South Carolina Police Department Fiscal Year 2002 Annual Report.
(Includes CDV Invs. Added for FY02 and for FY03 and current grant-funded Child/Elder Inv.)

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.

TRAINING PLAN:

All affected personnel will be trained in the operation of the NIBRS/SCIBRS 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
Solicit Proposals for Hardware	Project Director	X							
Solicit Proposals for Software	Project Director	X							
Purchase & Install Hardware	Project Director		X						
Purchase & Install Network Software	Project Director		X						
Purchase Windows NIBRS Software	Project Director		X						
Convert existing Databases to Windows NIBRS databases	Vendor			X					
Train all personnel in new software	Vendor		X	X					
Begin downloading UCR data to SLED	Project Director		X						
Submit Quarterly Progress Reports	Project Director	X	X	X	X				
Compile/Submit Annual Evaluation	Project Director	X	X	X	X				
Track UCR data error rate	Project Director	X	X	X	X				
Track UCR Part I crime rate	Project Director	X	X	X	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 Anderson, South Carolina 29624

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

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

Signature: X Bonded: Yes No

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 OFFICIAL AUTHORIZED TO SIGN *

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 to commit the applicant to these requirements; 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.

The Omnibus Appropriations Act of 1996 requires that subgrantees provide assurance that subgrant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for law enforcement and/or criminal justice activities. In compliance with that mandate, I certify that the receipt of federal funds through the State Funding Agency shall in no way supplant or replace state or local funds or other resources that would have been made available for law enforcement and/or criminal justice activities.

Name: John R. Moore Title: City Manager
(Please Print or Type)

Agency: City of Anderson, South Carolina Address: 401 South Main Street
City/State, Zip: Anderson
South Carolina 29624

Phone Number: (864) 231-2200

Fax Number: (864) 231-7854 E-Mail Address: jmoore@cityofandersonsc.com

Signature: **X** _____ Bonded: Yes No

*** NOTE: THE PROJECT DIRECTOR, FINANCIAL OFFICER AND OFFICIAL AUTHORIZED TO SIGN CANNOT BE THE SAME PERSON. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT SFA APPROVAL.**