



**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 #: 1D04010 Award Date: \_\_\_\_\_  
 Prior Grant #1: 1D03023 #2: \_\_\_\_\_ #3: \_\_\_\_\_  
 App#: AD04012 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: City of Anderson Police Department NIBRS Upgrade

4. Project Summary: Implement and upgrade Information Technology Program to become compliant with SLED's requirements so that we can electronically transmit NIBRS/UCR data to SLED after January 1, 2004.

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>145,409</u>	<u>48,471</u>	<u>193,880</u>
Renovation/Construction	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Other	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL:</b>	<b><u>145,409</u></b>	<b><u>48,471</u></b>	<b><u>193,880</u></b>

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																						
<b>I. PERSONNEL</b>																									
A. SALARIES: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">% of Time</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Position Title</td> <td style="border-bottom: 1px solid black;">On Project</td> <td style="border-bottom: 1px solid black;">Quantity</td> </tr> </table>		% of Time		Position Title	On Project	Quantity			N/A																
	% of Time																								
Position Title	On Project	Quantity																							
There is no PERSONNEL in this Request for Funding.																									
<b>TOTAL SALARIES:</b>			N/A																						
B. EMPLOYER CONTRIBUTION: (Fringe Benefits)			N/A																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Description</td> <td style="width: 20%; text-align: center;">% or Rate X Base</td> <td style="width: 20%;"></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>	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					
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<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			N/A																						
<b>TOTAL PERSONNEL:</b>			N/A																						
<b>II. CONTRACTUAL SERVICES:</b> (Describe - DO NOT include professional fees for doctors, psychologists, etc.)			N/A																						
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<b>III. Travel:</b> (Itemize - include mileage, airline cost, lodging, per diem, parking, car rental)			N/A																						
<b>TOTAL TRAVEL:</b>	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 proposal.

**EQUIPMENT**

Laptop Computers, Docking Stations and Hardware: Thirty (30) 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. Thirty (30) Docking Stations (with hardware) for patrol vehicles to provide power to the officers' laptops in the field. NOTE: This will allow most of the patrol officers below the rank of Lieutenant to be equipped with a laptop.

Computer Systems: Eight (8) Desktop Computers & Printers as follows: one for each of eight division lieutenants to allow them to review, critique, and manage Criminal Incident Report data generated by their work group.

**OTHER**

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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. 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 starting in 2004.
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 analyzing 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 additional Windows based NIBRS/SCIBRS hardware and software necessary for all officers to become enabled 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. Submit all Criminal Incident Reports generated by all officers 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. To decrease time spent by officers in compiling incident reports.
2. To increase the knowledge and skill of the police officers in the use of computer technology as related to law enforcement functions.
3. To improve the ability to search for specific cases, information, compile reports, and otherwise manage police records.

**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. The average time that officers spend entering reports into the system will be tracked and compared to the average time spent completing the reports prior to automation.
2. Officers will be trained on the computer system and documentation of this training will be maintained.
3. The reduction of the overall records management will be measured by the reduction on time to find specific case information or compile reports once the equipment is in use.

**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**

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 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.



**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: Kevin Gene Marsee Title: Vice-Narcotics, Lieutenant  
 (Please Print or Type)

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

Phone Number: (864) 844-1560 City/State: Anderson, South Carolina

Zip (9 digit) 29624-2301

Fax Number: (864) 260-4615 E-Mail Address: [kmarsee@cityofandersonsc.com](mailto:kmarsee@cityofandersonsc.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](mailto:pmaxwell@cityofandersonsc.com)

Signature: **X** \_\_\_\_\_ Bonded:  Yes  No

