



WHOLE DOLLARS ONLY			ANDERSON PD BUDGET DESCRIPTION		
CATEGORIES			GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>I. PERSONNEL</b>					
<b>A. SALARIES:</b>					
Position Title	Annual Salary Rate	% of Time On Project			
2 Traffic Officers	31,110	1	55,998	6,222	62,220
<b>TOTAL SALARIES:</b>			55,998	6,222	62,220
<b>B. FRINGE BENEFITS, EMPLOYER PORTION:</b> (Itemize-i.e. FICA, Work. Comp, Retirement, etc)					
Description	% or Rate X Base				
FICA	7.65	62,220	4,284	476	4,760
Retirement	10.3	62,220	5,767	641	6,408
Health Insurance /Yr	3060	2	5,508	612	6,120
Workers Compensation	3.6	62,220	2,016	224	2,240
Unemployment Ins.	2	62,220	1,120	124	1,244
Wellness Benefit	2	420	756	84	840
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			19,451	2,161	21,612
<b>TOTAL PERSONNEL:</b>			75,449	8,383	83,832
<b>II. CONTRACTUAL SERVICES</b> (Describe services to be performed)					
There are no contractual services on this grant application					
<b>TOTAL CONTRACTUAL SERVICES:</b>					
<b>III. Travel:</b> (Itemize - include mileage, airline cost, lodging, per diem)					
<b>In-State Travel:</b>					
Mileage:	12,000 miles @ .36 per mile x 2 Officers		7,866	874	8,740
Lodging:	\$80 per night x 2 nights x 2 officers		288	32	320
Per Diem:	\$30 per day x 2 days x 2 officers		108	12	120
<b>Out-of-State Travel:</b>					
<u>Alcohol Symposium</u>					
Mileage:	2 Officers R/T 1000 mis. to Florida At .36		648	72	720
Lodging:	2 Officers \$100/Night for 5 nights.		900	100	1,000
Per Diem:	2 Officers \$32/Day for 5 days.		288	32	320
<b>TOTAL TRAVEL:</b>			10,098	1,122	11,220

WHOLE DOLLARS ONLY			BELTON PD BUDGET DESCRIPTION		
CATEGORIES			GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>I. PERSONNEL</b>					
<b>A. SALARIES:</b>		Annual	% of Time		
Position Title		Salary	On Project		
1 Traffic Officer		31,110	100	27,999	3,111
<b>TOTAL SALARIES:</b>			27,999	3,111	31,110
<b>B. FRINGE BENEFITS, EMPLOYER PORTION:</b> (Itemize-i.e. FICA, Work. Comp, Retirement, etc)					
Description		% or Rate X Base			
FICA		7.65	31,110	2,142	238
Retirement		10.3	31,110	2,883	321
Health Insurance /Yr		3060	1	2,754	306
Workers Compensation		3.6	31,110	1,008	112
Unemployment Ins.		2	31,110	560	62
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			9,347	1,039	10,386
<b>TOTAL PERSONNEL:</b>			37,346	4,150	41,496
<b>II. CONTRACTUAL SERVICES</b> (Describe services to be performed)					
There are no contractual services on this grant applicatio					
<b>TOTAL CONTRACTUAL SERVICES:</b>					
<b>III. Travel:</b> (Itemize - include mileage, airline cost, lodging, per diem)					
<b>In-State Travel:</b>					
Mileage:		12,000 miles @ .36 per mile x 1 Officers		3,888	432
Lodging:		\$80 per night x 2 nights x 1 officers		144	16
Per Diem:		\$30 per day x 2 days x 1 officers		54	6
<b>Out-of-State Travel:</b>					
<u>Alcohol Symposium</u>					
Mileage:		1 Officer R/T 1000 mis. to Florida At .36		324	36
Lodging:		1 Officer \$100/Night for 5 nights.		450	50
Per Diem:		1 Officer \$32/Day for 5 days.		144	16
<b>TOTAL TRAVEL:</b>			5,004	556	5,560

WHOLE DOLLARS ONLY		HONEA PATH PD BUDGET DESCRIPTION			
CATEGORIES			GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>I. PERSONNEL</b>					
<b>A. SALARIES:</b>		Annual	% of Time		
Position Title		Salary	On Project		
1 Traffic Officer		31,110	100	27,999	3,111
<b>TOTAL SALARIES:</b>			27,999	3,111	31,110
<b>B. FRINGE BENEFITS, EMPLOYER PORTION:</b> (Itemize-i.e. FICA, Work. Comp, Retirement, etc)					
Description		% or Rate X Base			
FICA		7.65	31,110	2,142	238
Retirement		10.3	31,110	2,883	321
Health Insurance /Yr		3060	1	2,754	306
Workers Compensation		3.6	31,110	1,008	112
Unemployment Ins.		2	31,110	560	62
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			9,347	1,039	10,386
<b>TOTAL PERSONNEL:</b>			37,346	4,150	41,496
<b>II. CONTRACTUAL SERVICES</b> (Describe services to be performed)					
There are no contractual services on this grant applicatio					
<b>TOTAL CONTRACTUAL SERVICES:</b>					
<b>III. Travel:</b> (Itemize - include mileage, airline cost, lodging, per diem)					
<b>In-State Travel:</b>					
Mileage:		12,000 miles @ .36 per mile x 1 Officers		3,888	432
Lodging:		\$80 per night x 2 nights x 1 officers		144	16
Per Diem:		\$30 per day x 2 days x 1 officers		54	6
<b>Out-of-State Travel:</b>					
<u>Alcohol Symposium</u>					
Mileage:		1 Officer R/T 1000 mis. to Florida At .36		324	36
Lodging:		1 Officer \$100/Night for 5 nights.		450	50
Per Diem:		1 Officer \$32/Day for 5 days.		144	16
<b>TOTAL TRAVEL:</b>			5,004	556	5,560

WHOLE DOLLARS ONLY		PENDLETON PD BUDGET DESCRIPTION			
CATEGORIES			GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>I. PERSONNEL</b>					
<b>A. SALARIES:</b>		Annual	% of Time		
Position Title		Salary	On Project		
1 Traffic Officer		31,110	100	27,999	3,111
<b>TOTAL SALARIES:</b>			27,999	3,111	31,110
<b>B. FRINGE BENEFITS, EMPLOYER PORTION:</b> (Itemize-i.e. FICA, Work. Comp, Retirement, etc)					
Description	% or Rate X Base				
FICA	7.65 31,110		2,142	238	2,380
Retirement	10.3 31,110		2,884	320	3,204
Health Insurance /Yr	3060 1		2,754	306	3,060
Workers Compensation	3.6 31,110		1,008	112	1,120
Unemployment Ins.	2 31,110		560	62	622
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			9,348	1,038	10,386
<b>TOTAL PERSONNEL:</b>			37,347	4,149	41,496
<b>II. CONTRACTUAL SERVICES</b> (Describe services to be performed)					
There are no contractual services on this grant applicatio					
<b>TOTAL CONTRACTUAL SERVICES:</b>					
<b>III. Travel:</b> (Itemize - include mileage, airline cost, lodging, per diem)					
<b>In-State Travel:</b>					
Mileage:	12,000 miles @ .36 per mile x 1 Officers		3,888	432	4,320
Lodging:	\$80 per night x 2 nights x 1 officers		144	16	160
Per Diem:	\$30 per day x 2 days x 1 officers		54	6	60
<b>Out-of-State Travel:</b>					
<u>Alcohol Symposium</u>					
Mileage:	1 Officer R/T 1000 mis. to Florida At .36		324	36	360
Lodging:	1 Officer \$100/Night for 5 nights.		450	50	500
Per Diem:	1 Officer \$32/Day for 5 days.		144	16	160
<b>TOTAL TRAVEL:</b>			5,004	556	5,560

USE WHOLE DOLLARS ONLY

**ANDERSON PD BUDGET DESCRIPTION**

CATEGORIES	GRANTOR	CASH MATCHING FUNDS	TOTAL	
<b>IV. EQUIPMENT</b> (Itemize - DO NOT Use Brand Names. Include Items costing \$1,000 each or more with a life of one year or more. DO NOT include leased or rented items.)  <div style="display: flex; justify-content: space-between;"> <span><u>Item</u></span> <span><u>Quantity</u></span> </div>				
Anderson Does Not Have Any Equipment on This Grant				
<b>TOTAL EQUIPMENT:</b>	0	0	0	
<b>V. OTHER:</b> (Itemize -- see instructions)  <div style="display: flex; justify-content: space-between;"> <span><u>Item</u></span> <span><u>Quantity</u></span> </div>				
Registration Fees	See Narrative	1,620	180	1,800
Advanced DUI Detection Training	See Narrative	1,710	190	1,900
Cell Phone & Service	2 @ \$720 Each	1,296	144	1,440
Educational and Printed Materials	See Narrative	2,250	250	2,500
VHS Tapes (50)	50	45	5	50
Office Supplies	See Narrative	540	60	600
Scanner	1	216	24	240
Printer	1	414	46	460
<b>TOTAL OTHER:</b>	8,091	899	8,990	
<b>TOTAL PROJECT COST ANDERSON PD:</b>	93,638	10,404	104,042	

USE WHOLE DOLLARS ONLY		<b>BELTON PD BUDGET DESCRIPTION</b>		
CATEGORIES		GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>IV. EQUIPMENT</b> (Itemize - DO NOT Use Brand Names. Include Items costing \$1,000 each or more with a life of one year or more. DO NOT include leased or rented items.)				
<u>Item</u>	<u>Quantity</u>			
Radar - Dual Antenna KA Band	1 @ \$3,500	3,150	350	3,500
Computer (Laptop)	1 @ \$2800	2,520	280	2,800
In-board Camera	1 @ 3700	3,330	370	3,700
Mobile Radio	1 @ 2900	2,610	290	2,900
<b>TOTAL EQUIPMENT:</b>		11,610	1,290	12,900
<b>V. OTHER:</b> (Itemize -- see instructions)				
<u>Item</u>	<u>Quantity</u>			
Registration Fees	See Narrative	540	60	600
Cell Phone & Service	1 @ \$720 Each	648	72	720
Digital Camera	1	450	50	500
Siren/Speaker	1	245	27	272
Vehicle Light Package	1	891	99	990
Flashlight W/ Passive Alcohol Sensor	1	585	65	650
VHS Tapes (50)	50	45	5	50
Walkie Talkie w/ Rapid Charger	1	729	81	810
Drug Screening Kit	1	360	40	400
Office Supplies	See Narrative	180	20	200
Printer	1	414	46	460
<b>TOTAL OTHER:</b>		5,087	565	5,652
<b>TOTAL PROJECT COST BELTON PD:</b>		59,047	6,561	65,608

USE WHOLE DOLLARS ONLY		HONEA PATH PD BUDGET DESCRIPTION		
CATEGORIES		GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>IV. EQUIPMENT</b> (Itemize - DO NOT Use Brand Names. Include Items costing \$1,000 each or more with a life of one year or more. DO NOT include leased or rented items.)				
<u>Item</u>	<u>Quantity</u>			
Radar - Dual Antenna KA Band	1 @ \$3,500	3,150	350	3,500
Computer (Laptop)	1 @ \$2800	2,520	280	2,800
In-board Camera	1 @ 3700	3,330	370	3,700
Mobile Radio	1 @ 2900	2,610	290	2,900
<b>TOTAL EQUIPMENT:</b>		11,610	1,290	12,900
<b>V. OTHER:</b> (Itemize -- see instructions)				
<u>Item</u>	<u>Quantity</u>			
Registration Fees	See Narrative	540	60	600
Cell Phone & Service	1 @ \$720 Each	648	72	720
Digital Camera	1	450	50	500
Siren/Speaker	1	245	27	272
Vehicle Light Package	1	891	99	990
Flashlight W/ Passive Alcohol Sensor	1	585	65	650
VHS Tapes (50)	50	45	5	50
Walkie Talkie w/ Rapid Charger	1	729	81	810
Drug Screening Kit	1	360	40	400
Office Supplies	See Narrative	180	20	200
Printer	1	414	46	460
<b>TOTAL OTHER:</b>		5,087	565	5,652
<b>TOTAL PROJECT COST HONEA PATH PD:</b>		59,047	6,561	65,608

USE WHOLE DOLLARS ONLY		PENDLETON PD BUDGET DESCRIPTION		
CATEGORIES		GRANTOR	CASH MATCHING FUNDS	TOTAL
<b>IV. EQUIPMENT</b> (Itemize - DO NOT Use Brand Names. Include Items costing \$1,000 each or more with a life of one year or more. DO NOT include leased or rented items.)				
<u>Item</u>	<u>Quantity</u>			
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Mobile Radio	1 @ 2900	2,610	290	2,900
<b>TOTAL EQUIPMENT:</b>		11,610	1,290	12,900
<b>V. OTHER:</b> (Itemize -- see instructions)				
<u>Item</u>	<u>Quantity</u>			
Registration Fees	See Narrative	540	60	600
Cell Phone & Service	1 @ \$720 Each	648	72	720
Digital Camera	1	450	50	500
Siren/Speaker	1	245	27	272
Vehicle Light Package	1	891	99	990
Flashlight W/ Passive Alcohol Sensor	1	585	65	650
VHS Tapes (50)	50	44	6	50
Walkie Talkie w/ Rapid Charger	1	729	81	810
Drug Screening Kit	1	360	40	400
Office Supplies	See Narrative	180	20	200
Printer	1	414	46	460
<b>TOTAL OTHER:</b>		5,086	566	5,652
<b>TOTAL PROJECT COST PENDLETON PD:</b>		59,047	6,561	65,608

## BUDGET NARRATIVE

BUDGET DESCRIPTION: List items under each Budget Category heading. Explain exactly how each item listed 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. Please provide descriptions only. **No dollar amounts should be provided.**

### I. PERSONNEL

Salary and fringe benefits for five (5) municipal police officers to be assigned to a task force and work as a team to cite and/or apprehend motorists who drive dangerously. They will also conduct civic presentations to various groups and the local high schools to educate the public about the Alcohol Countermeasures Program and the dangers of Driving While Impaired.

### II. Contractual Services

There are no contractual services on this proposal.

### III. TRAVEL

#### **In State Travel**

Mileage: Estimated mileage of 12,000 miles per officer. These miles will be traveled to carry out the duties of the program and to go to any training courses.

Lodging and per diem: Needed for the Program Director and the financial person to attend the Project Management class in Columbia. Two (2) persons for Two (2) days.

#### **Out-of-State Travel**

##### Alcohol Symposium

Mileage, Lodging, and Per Diem: Lodging and per diem for 5 days for the grant funded officers to attend the Alcohol Symposium in Florida. Also Mileage of 1,000 miles R/T for the five officers.

### IV. EQUIPMENT

Radar: Dual Antenna KA Band Mobile Radars to be used while the officers are in their vehicles to gather legal evidence of speeding and conduct a lawful traffic stop.

Computers: Three (3) laptops to allow the officers to prepare paperwork required by the department, maintain performance reports, track court proceedings, and devise lesson plans on DWI to be presented to civic organizations and schools.

Continued on Page 5

## BUDGET NARRATIVE (Continued)

### **IV. EQUIPMENT (CONTINUED FROM PAGE 4)**

In-board camera: "In-Car" Cameras. The camera systems are necessary for the officers to document that persons were lawfully stopped for DWI predictor behaviors and the videos obtained will be used during prosecution.

Mobile Radio: 100 watt mobile radios to permit the officers the ability to communicate with other officers, the department, and Anderson County's Central Dispatch.

### **V. OTHER**

Registration fees: Estimated fees to be paid for registering in training courses and conferences offered to the Grant funded officers.

Advanced DUI Detection Training Class: To conduct a five day training class. This covers room rental and educational materials for all MJDTF officers and additional departmental officers as the training standards will allow.

Cell Phone and Service: To allow the officers to communicate with the department, prosecutors, and central dispatch while remaining on patrol. The cell phones will allow the officers to have an alternate source of communication.

Educational and Printed Materials: The educational materials will include videos, interactive CDs, posters, brochures, fliers, booklets, and etc. that promote highway safety and the MJDTF Traffic Unit.

Digital Camera: Digital cameras to allow the officers to take "still" pictures in an effort to build cases where long term storage of data is needed.

Siren / Speaker: To reinforce officer safety while utilizing emergency lights.

Vehicle Light Package: To promote officer safety and to ensure that the vehicle is highly visible at 360 degrees.

Flashlight with Passive Alcohol Sensor: Flashlights with passive alcohol sensors to be used during traffic stops. This will aid the officers in detecting the presence of alcohol.

VHS Tapes: Used with the cameras to record and assist the officer in documenting evidence of DUI.

Walkie Talkie w/ Rapid Charger: To assist the officers in communicating vehicle information to the dispatchers and to promote officer safety while out of the vehicle w/ DUI violators.

Drug Screening Kit: To aid the officer in testing illegal narcotics discovered during traffic stops.

Office Supplies: Pens, pencils, printer paper, computer cartridges, staplers, tape, paper clips, etc that are necessary to assemble paperwork for building strong cases.

Scanner: To allow the traffic supervisor to rapidly input paperwork, copies of tickets, and case files into the desktop computer. This will save a great deal of time and eliminate duplicating "Data Capture" thereby making the program more efficient.

Printer: To be used in the office by the officers to print out case files and reports necessary to the program.

GRANT NO. \_\_\_\_\_

## ACCEPTANCE OF AUDIT REQUIREMENTS

City of Anderson Police Department

**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.**

GRANT NO. \_\_\_\_\_

## ACCEPTANCE OF AUDIT REQUIREMENTS

City of Belton Police Department

**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.**

GRANT NO. \_\_\_\_\_

## ACCEPTANCE OF AUDIT REQUIREMENTS

City of Honea Path Police Department

**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.**

GRANT NO. \_\_\_\_\_

## ACCEPTANCE OF AUDIT REQUIREMENTS

City of Pendleton Police Department

**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 10/1/2003 Ending 9/30/2004
2. Audit will be submitted to Accounting - Grants by: 6/30/2005  
(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.**

GRANT NO. \_\_\_\_\_

## ACCEPTANCE OF AUDIT REQUIREMENTS

City of Pendleton Police Department

**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 10/1/2003 Ending 9/30/2004
2. Audit will be submitted to Accounting - Grants by: 6/30/2005  
(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.**

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. The implementation Actual Time Frame" section will be used to reflect the actual activities, dates, etc. The "Implementation Actual Time Frame" section will be used to reflect the actual activities, dates, etc. when submitting your Progress Report after the grant is approved.

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
Hire Traffic Personnel	Chief of Police	X							
Formal Intro of MJDTF Team to departments.	Project Director / Agency Heads	X							
Train Officers	Training Coordinator(s)	X	X	X	X				
Purchase equipment	Project Director	X							
Determine locations for initial proactive enforcement	Project Director / Agency Heads	X	X	X	X				
Citation Documentation	Grant funded supervisor / Officers	X	X	X	X				
Public Awareness / Media	Project Director / Agency Heads / Officers	X	X	X	X				
Public Safety Check Points	Grant funded supervisor / Agency Heads / Officers	X	X	X	X				
DUI & Traffic Safety Presentations	Grant funded supervisor / Officers	X	X	X	X				
Compile Daily Logs / Submit Reports incl. quarterly reports	Project Director	X	X	X	X				
Meet with Municipal Judge	Project Director/ Agency Heads / Officers	X							
Serve as resource information	Project Director/ Agency Heads / Officers	X	X	X	X				
Develop plan for 2005	Project Director/ Agency Heads / Officers			X	X				
Participate in National & Statewide Safety Initiatives	Project Director / Grant funded supervisor / AHs	X	X	X	X				
Compile/submit final narrative report	Project Director / Grant funded supervisor / AHs				X				
Adjust/Improve enforcement methods	Project Director / Grant funded supervisor / AHs	X	X	X	X				

## GRANT TERMS AND CONDITIONS

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

### City of Anderson Police Department

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 Office of Highway Safety 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 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](mailto: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 Office of Highway Safety will not supplant state or local funds.

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

Agency: City of Anderson, South Carolina 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](mailto:pmaxwell@cityofandersonsc.com)

Signature: X Bonded:  Yes  No

## GRANT TERMS AND CONDITIONS

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

### City of Belton Police Department

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 Office of Highway Safety will not supplant state or local funds.

Name: David M. Dockins Title: Chief of Police  
(Please Print or Type)

Agency: City of Belton Police Department Address: Post Office Box 828

Phone Number: (864) 338-8448 Belton, South Carolina 29627

Fax Number: (864) 338-9251 E-Mail Address: \_\_\_\_\_

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 Office of Highway Safety will not supplant state or local funds.

Name: Laurie Kennedy Title: Financial Officer  
(Please Print or Type)

Agency: City of Belton, South Carolina Address: Post Office Box 828

Phone Number: (864) 338-8448 Belton, South Carolina 29627

Fax Number: (864) 338-9251 E-Mail Address: \_\_\_\_\_

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

## GRANT TERMS AND CONDITIONS

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

### City of Honea Path Police Department

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 Office of Highway Safety will not supplant state or local funds.

Name: W. Steve Hanks Title: Chief of Police  
(Please Print or Type)

Agency: City of Honea Path Police Department Address: 30 North Main Street

Phone Number: (864) 369-2424 Honea Path, South Carolina 29654

Fax Number: (864) 369-0580 E-Mail Address: [hppd@charterinternet.com](mailto:hppd@charterinternet.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 Office of Highway Safety will not supplant state or local funds.

Name: Evelyn McKinney Title: Financial Director  
(Please Print or Type)

Agency: City of Honea Path, South Carolina Address: 30 North Main Street

Phone Number: (864) 369-2424 Honea Path, South Carolina 29654

Fax Number: (864) 369-0580 E-Mail Address: [hppd@charterinternet.com](mailto:hppd@charterinternet.com)

Signature: X Bonded:  Yes  No

**GRANT TERMS AND CONDITIONS**

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

**City of Pendleton Police Department**

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 Office of Highway Safety will not supplant state or local funds.

Name: Jesse L. Harris Title: Chief of Police  
(Please Print or Type)

Agency: City of Pendleton Police Department Address: 108 South Depot Street

Phone Number: (864) 646-3839 Pendleton, South Carolina 29670

Fax Number: (864) 646-7518 E-Mail Address: [hcaptain@bellsouth.net](mailto:hcaptain@bellsouth.net)

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 Office of Highway Safety will not supplant state or local funds.

Name: Mary Beth Holley Title: Financial Director  
(Please Print or Type)

Agency: City of Pendleton, South Carolina Address: 310 Greenville Street

Phone Number: (864) 646-9409 Pendleton, South Carolina 29670

Fax Number: (864) 646-5425 E-Mail Address: \_\_\_\_\_

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

**GRANT TERMS AND CONDITIONS**

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

**City of Anderson Police Department**

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 Office of Highway Safety will not supplant state or local funds.

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](mailto: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 OHS APPROVAL.**



**GRANT TERMS AND CONDITIONS**

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

**City of Honea Path Police Department**

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 Office of Highway Safety will not supplant state or local funds.

Name: William Hall Title: Town Administrator  
(Please Print or Type)

Agency: City of Honea Path, S. C. Address: 30 North Main Street  
City/State, Zip: Honea Path, South Carolina 29654

Phone Number: (864) 369-2424

Fax Number: (864) 369-0580 E-Mail Address: [hppd@charterinternet.com](mailto:hppd@charterinternet.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 OHS APPROVAL.**

**GRANT TERMS AND CONDITIONS**

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**City of Pendleton Police Department**

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 Office of Highway Safety will not supplant state or local funds.

Name: Ms. Teri Perry Title: Town Administrator  
(Please Print or Type)

Agency: Town of Pendleton, S. C. Address: 310 Greenville Street  
City/State, Zip: Pendleton, South Carolina 29670

Phone Number: (864) 636-9409

Fax Number: (864) 646-5425 E-Mail Address: [tperry@townofpendleton.org](mailto:tperry@townofpendleton.org)

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 OHS APPROVAL.**