

ATTACHMENT A

BUDGET SUMMARY

Sparks Police Department - SMART/Adam Walsh Implementation Grant

| | <u>Budget Category</u> | <u>Amount</u> |
|----|-----------------------------|---------------|
| A. | Personnel | \$47,000.00 |
| B. | Consultants/Contracts | \$0.00 |
| C. | Travel | \$0.00 |
| D. | Supplies/Operating | \$0.00 |
| E. | Equipment | \$53,000.00 |
| F. | Confidential Funds | \$0.00 |
| | Total Project Costs: | \$100,000.00 |
| | Federal Request: | \$100,000.00 |

Budget Summary--When you have completed the budget pages below, the totals for each category will transfer to the spaces above. The total project costs will be computed via Excel formula.

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Budget Request and Justification

Any category of expense not applicable to your budget may be deleted.

A. Personnel

Detail salaries and wage expenditures required for program activities to be paid for by this request for funding. Maximum OT is 32 hours/month/employee. Compensation paid for employees engaged in program activities must be consistent with that paid for similar work within the applicant organization. (Work Hours Per Year = 2,088)

| Position Title | Annual Salary or Hourly Rate | % of time working on the grant | # of Hours | Is position a New Hire (Y/N) | Total Federal \$ Requested |
|--|------------------------------|--------------------------------|------------|------------------------------|----------------------------|
| Sexual Offender Notification Unit Detective (overtime) | \$ 61.67 | 100.000% | 600 | N | \$ 37,000.00 |
| Records Clerk (overtime) | \$ 33.33 | 100.000% | 300 | N | \$ 10,000.00 |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |

Total Project Hours: 900.00

Personnel Sub-total = \$47,000.00

Payroll Taxes & Fringe Benefits:

Based on actual known costs or an established formula and only for the percentage of time devoted to the project.

| | Annual Cost | Hourly Rate | Rate Applied | \$ Requested |
|----------------------------------|-------------|--|-----------------------------|--------------|
| | | (annual cost/2080 work hours per year) | Project Hours x Hourly Rate | |
| <i>Employer's FICA</i> | 0.00 | 0 | 0.0000 | \$0.00 |
| <i>Retirement</i> | 0.00 | 0 | 0.0000 | \$0.00 |
| <i>Uniform Allowance</i> | 0.00 | 0 | 0.0000 | \$0.00 |
| <i>Health Insurance</i> | 0.00 | 0 | 0.0000 | \$0.00 |
| <i>Workman's Compensation</i> | 0.00 | 0 | 0.0000 | \$0.00 |
| <i>Unemployment Compensation</i> | 0.00 | 0 | 0.0000 | \$0.00 |

Fringe Sub-total = \$0.00

Total Personnel = \$47,000.00

Personnel Justification-Narrative: All personnel related costs are overtime costs for current employees. All personnel costs charged to the grant are 100% spent on grant related activities. The detective overtime will fund 5 two-officer teams and a supervisor on a 10 hours shift 5 times per year, for a "sweep" operation to locate out of compliance sexual offenders. The records clerk overtime will fund 300 hours of overtime to process registrations, enter data into the various systems, and put paper records into a digital system.

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| | | | | | | |
|---|------------------|---|----------------------------------|------------------------|--------------------------|------------------|
| B Consultants/ Contracts: | | List consultant/contract personnel in priority order. (Include consultant travel and expenses in this section. Follow federal/state GSA travel policy and per diem rates. \$450 per 8 hour day or \$ 56.25 an hour) | | | | |
| Consultants: | | Computation | | | | |
| Name of Consultant | Service Provided | Cost per unit | (define unit) | # Units | Cost | |
| | | | | | \$ - | |
| | | | | | \$ - | |
| | | | | | \$ - | |
| Computation | | | | | | |
| Purpose of Travel | Location | # Individuals | Item | Cost | # Nights/Days or mileage | Amount Requested |
| | | | Airfare (roundtrip) | | | \$0.00 |
| | | | Hotel (per night) | | | \$0.00 |
| | | | Per Diem per day | | | \$0.00 |
| | | | Round Trip Ground transportation | | | \$0.00 |
| | | | Personal Vehicle Mileage R/T | \$0.565 | | \$0.00 |
| Consultant Sub-total: | | | | | | \$0.00 |
| Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. | | | | | | |
| Item /Description/Vendor | | Rate | Qty/hours | Sole Source Contract ? | Amount Requested | |
| | | | | | \$ | - |
| | | | | | \$ | 0.00 |
| | | | | | \$ | 0.00 |
| Consultant Sub-total: | | | | | \$ | - |
| Total Consultants/Contracts = | | | | | | \$0.00 |
| Consultant/Contracts Justification -Narrative: | | | | | | |

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C. Travel

Itemize travel expenses of project personnel by purpose (e.g. staff to training, advisory group meeting, etc.) Provide the location and purpose of travel. Show the basis of computation. Per diem (meals), lodging and mileage are included in travel. Per mile cost and per diem rates should not exceed the current state rates. Current state rates are: mileage .56 cents/mile, per diem is set at the federal GSA rates. Go to <http://www.gsa.gov> for current rates in each city/county. Registration fees/ conference/ training costs belong under the Operating category.

| In-State Travel | | Computation | | | | Amount Requested |
|---|-----------------|----------------------|---|-------------|---------------------------------|-------------------------|
| Who is traveling and Purpose of Travel | Location | # Individuals | Item | Cost | # Nights/Days or mileage | |
| | | | <i>Airfare (roundtrip)</i> | | | \$0.00 |
| | | | <i>Hotel (per night)</i> | | | \$0.00 |
| | | | <i>Per Diem per day</i> | | | \$0.00 |
| | | | <i>Round Trip Ground transportation</i> | | | \$0.00 |
| | | | Personal Vehicle Mileage R/T | \$0.565 | | \$0.00 |
| | | 0 | 0 | 0 | \$ - | \$0.00 |
| Sub-total | | | | | | \$0.00 |
| In-State Travel = | | | | | | \$0.00 |

In-State Travel Justification-Narrative:

| Out of State Travel: | | Computation | | | | Amount Requested |
|---|-----------------|----------------------|---|-------------|---------------------------------|-------------------------|
| Who is traveling and Purpose of Travel | Location | # Individuals | Item | Cost | # Nights/Days or mileage | |
| | | | <i>Airfare (roundtrip)</i> | | | \$0.00 |
| | | | <i>Hotel (per night)</i> | | | \$0.00 |
| | | | <i>Per Diem per day</i> | | | \$0.00 |
| | | | <i>Round Trip Ground transportation</i> | | | \$0.00 |
| | | | Personal Vehicle Mileage R/T | \$0.565 | | \$0.00 |
| | | 0 | 0 | 0 | \$ - | \$0.00 |
| Out of State Travel Sub-total = | | | | | | \$0.00 |

Out-of-State Travel Justification-Narrative:

Total Travel Costs: \$0.00

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D Supplies/ Operating:

Include in this section requests to support all of the following: telephone, postage, printing and copying, publication, desktop and consumable office supplies, drug testing supplies, and other. For cell phone, include the cost of monthly service and charges by minutes/plan. For printing and copying, include the cost per page and number of pages per month. For desktop and consumable supplies, include the cost per person per month. For drug testing supplies use the average cost per month. List conference and training **registration expenses**. Show computations.

Supplies

| Item /Description | Quantity (Per month per person) | Define Unit of measure | Cost per unit | Total for year | Cost |
|-------------------|---------------------------------|------------------------|---------------|----------------|--------|
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |

Supplies Sub-total = \$0.00

Operating

| Item /Description | Quantity (Per month per person) | Define Unit of measure | Cost per unit | Total for year | Cost |
|-------------------|---------------------------------|------------------------|---------------|----------------|--------|
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 |

Operating Sub-total = \$0.00

Supplies/Operating TOTAL: \$0.00

Supplies/Operating Justification- Narrative:

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E Equipment

List non-consumable items with a life of one year or more and an acquisition cost of \$ 1,000 or more per item (excluding printers). Like items or related components must be considered as a group and may not be separated to avoid compliance with these standards. Provide a list of each item including number, manufacturer, location and price. Awarded law enforcement agencies will be required to check with the OCJA 1033/1122 Programs for equipment purchases, but need not receive an estimate for purposes of this application.

| Item /Description | Qty | Item/each | Unit cost | Cost |
|---|-----|-----------|-----------|-------------|
| LiveScan Plus digital palm print scanner with software and installation | 2 | item | 19,000 | \$38,000.00 |
| Software interface between LiveScan and Tiburon RMS | 1 | item | 15000 | \$15,000.00 |
| | | | | |
| | | | | \$0.00 |
| | | | | \$0.00 |

Equipment Total = \$53,000.00

Equipment Justification: The Adam Walsh Act requires law enforcement to take palm prints of the offenders and put them into a digital database. The

F Confidential Funds

Confidential funds will be considered for law enforcement agencies. For continuation grants, the balance of the previous years' grant will be considered.

| Item /Description | Rate per month | Total for Year | Estimate portion to be used from forfeiture funds | Amount Requested |
|-------------------|----------------|----------------|---|------------------|
| | | 0 | | \$0.00 |
| | | 0 | | \$0.00 |
| | | 0 | | \$0.00 |
| | | 0 | | \$0.00 |
| | | 0 | | \$0.00 |

Confidential Funds Sub-Total: \$0.00

Justification - Budget Narrative: