

Application ID	Grantee	Grant Program	Round	Award Amount	Matching Percentage
GA-0013922	Lawrenceville	Public Safety	1	\$725,102.40	0%

Budget Feasibility Assessment			
Compliance			Performance and Risk
1	Budget detail worksheet reconciles to grantee application		4 Budget details allow for KPI analysis
	a	Total application	a Quantities and prices stated
	b	Individual line items	b Budget consistent with application scope
2	Matching / federal funds bifurcated (ARPA isolation)		5 Performance indicators align with standards
3	Basic attributes in budget detail are completed		

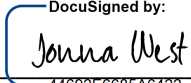
Comments / Required Justifications	
1	
2	
3	
4	
5	

Risk Scoring	
Budget Risk Score	0%

Results
Pass

Dashboard above developed based upon review of Grantee submitted detailed budget document, budget narrative, and application content.

A passing budget scorecard does not constitute preapproval for changes in scope, contracts, subawards, and/or any other project related agreements entered into (or planned to be entered into) by the subrecipient in execution of the project.

OPB Signature: \_\_\_\_\_  
 DocuSigned by:  
  
 44692E6685A6422...  
 Date: November 20, 2023  
 \_\_\_\_\_

# Governor's Office of Planning and Budget

## BUDGET DETAIL WORKSHEET

Grantee Name:	City of Lawrenceville
Grant ID:	GA-0013922
Submitted By (Budget POC):	Shereese Durham
Contact:	Shereese.Durham@lawrencevillega.org
	678-407-6640
Grant Program:	State Fiscal Recovery Funds Tranche II
Program Area:	Public Safety and Community Violence Reduction
Budget Years:	2023

This Budget Detail Worksheet is used to verify all Payment Requests (PA) and to determine whether costs are allowable for reimbursement. All required information must be present in the budget narrative, regardless of format.

Federal Uniform Guidance rules are applicable.

Uniform Guidance can be found at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-11/part-200#200.325> (2 CFR Part 200) and it establishes uniform administrative, cost principles, and audit requirements for federal awards to non-federal entities.

**NOTE** - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

**1. Personnel**-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar program activities.

Title	First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
<b>PERSONNEL TOTAL</b>						<b>\$0</b>

**2. Fringe Benefits**-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
<b>FRINGE TOTAL</b>						<b>\$0.00</b>

**PERSONNEL GRAND TOTAL** **\$0**

**3. Travel**-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Please note that the maximum reimbursement rate is \$0.585 per mile, but if your agency's reimbursement rate is lower you must use that rate instead.

**Trainings and Conferences** \*\*All trainings and conferences must be pre-approved by OPB and must include an agenda submitted to your OPB Program Specialist.

Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	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

Mileage					
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>TRAVEL TOTAL</b>					<b>\$0.00</b>

**4. Equipment--** List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost
Falcon (Flock Camera) see attached quote	\$172,500.00	1	Flock Safety	\$172,500.00
				\$0.00
Taser 7	\$390,164.00	1	Axon	\$390,164.00
Public Order Personal Protection Equipment see attached quote	\$83,765.00	1	Federal Eastern International	\$83,765.00
				\$0.00
Public Order Personal Protection Equipment see attached quote	\$23,230.00	1	Federal Eastern International	\$23,230.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>EQUIPMENT TOTAL</b>				<b>\$669,659.00</b>

**5. Supplies--** List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and ABC Company for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	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
<b>SUPPLY TOTAL</b>				<b>\$0.00</b>

**Construction--** Please list approved construction costs under Contracts/Consultants/Subawards. Where equipment and supplies will be purchased for approved construction activity, please place them under the appropriate equipment or supply category and include your justification.

**6. Contracts/Consultants/Subawards:** Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000. Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>C/C/S TOTAL</b>					<b>\$0.00</b>

**7. Other--** List items by type (e.g. rent, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services. Show budget calculation.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost
Leads Online Subscription (see quote)	\$44,720.00	1.00	100.00%	Leads Online	\$44,720.00
Remainder of 10% Contingency	\$10,723.40	1.00	100.00%		\$10,723.40
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

					\$0.00
				<b>OTHER/IC TOTAL</b>	<b>\$55,443.40</b>

**Budget Summary**—When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category	Amount
1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$0
4. Equipment	\$669,659
5. Supplies	\$0
6. Contracts/Consultants/Subawards	\$0
7. Other	\$55,443.40
<b>TOTAL</b>	<b>\$725,102.40</b>

*TOTAL COSTS must reconcile to the application and the total grant award.*

**Budget Narrative**

The cost to purchase public safety equipment is \$725,102.40 including 1.5% contingencies to account for price adjustments since receiving quotes. The American Rescue Plan Act Public Safety and Community Violence Reduction Grant Program will cover 100% of the cost.

**Budget: All budget items must be related to the purpose of addressing the negative impacts of the coronavirus pandemic.**

Applicants should submit a budget that is complete, reasonable, cost effective, and is an allowable use of the funding under the chosen category.

The budget must be based on quoted estimates and calculations, not rounded guestimates. (All budget totals will require validation based on the calculation provided in the uploaded version so please ensure that you retain the documentation for the basis of all calculations in the requested budget.

<b>Budget Category</b>	<b>Amount</b>
1. Personnel	\$X
2. Fringe	\$X
3. Travel	\$X
4. Equipment	\$X
5. Supplies	\$X
6. Contracts/Consultants/Subawards	\$X
7. Other	\$X
<b>Total</b>	<b>\$X</b>

Note: The application will also require a detailed budget breakdown using our detailed budget worksheet. Please download the detailed budget worksheet here and upload in the document section of the application. Instructions for the detailed budget worksheet can be found here: <https://opb.georgia.gov/document/document/budget-worksheet/download>.

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**Personnel**

\$0.00

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**Fringe**

\$0.00

**Travel**

\$0.00

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**Equipment**

\$614,250.00

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**Supplies**

\$0.00

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**Contracts/Consultants/Subawards**

\$43,930.00

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**Other**

\$0.00

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**Budget Total**

0

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## Budget Narrative

A Budget narrative that explains the estimated costs by line item or category in the budget. Budget narratives should explain how the costs associated with each line item or category relate to the implementation of the project as outlined in the proposal being submitted. Budget narratives must explain how the costs associated with each line item or category relate to the implementation of the project as outlined in the proposal being submitted. If your proposal contains multiple projects or sub-awards, you can provide a breakdown per project as well in your budget narrative. Budget narratives must respond to the following: Provide a description of the position, equipment, supply, travel, etc. requested on each line and how it is related to carrying out the objectives and goals of the project. Your narrative must provide granular detail on what the proposal will fund and how it aligns to your project. (Minimum 250 words, Maximum 500 words)

### Leads Online: \$43,938.00

This request is for a 5 years contract allowing the Lawrenceville Police Department to access information related to Pawn/ Secondhand stores and scrap metal recyclers, legacy data, transaction histories, automated GCIC/ NCIC hits, nation wide databases, and phone forensics searches.

### Flock Cameras: \$172,500.00

This request is for 30 Falcon infrastructure-free solar power license plate recognition cameras and two Falcon Flex Tactical Deployment license plate recognition cameras with a two year contract for maintenance and support. This number of cameras would allow for identification of vehicles entering and leaving the City of Lawrenceville allowing officers to locate and apprehend suspects.

### Taser 7 Upgrade: \$326,750.00

This request is for 90 Taser 7 conducted energy weapons which would allow for everyone sworn officer to be issued a device. This amount covers supplies, training, warranty, and training for five years.

### Public Order Protective Gear: \$115,996.00

Studies show officers better equipped and more protected from potential threats use less force when handling use of force incidents. Needs analysis conducted during protests revealed a gap in issued officer equipment. The type of public order protective gear to be purchased with his award would be issued for officers to carry in the vehicles and could be utilized in many different situations from less lethally armed suspects to civil unrest. The helmets which would be purchased would be rated for ballistic threats and could be utilized anytime and officer perceived a deadly threat. The various armor components also integrate directly to the currently issued body armor officers were while on duty.

## Match Funds

Applicants plan for leveraging funds, if any, from other sources to maximize impact. Please include details regarding the total project costs if match is a part of the proposal, the amount of match, and how match funds will be used and a breakdown of grant funds to be used versus total project costs. ***If no match is provided, please enter \$0.***

Example:

OPB Grant Request: \$2,000,000

Local Match: \$1,000,000

Total Project Costs: \$3,000,000

Explanation: Local match will be made up of \$1,000,000 funds from the city's general fund.

\$0