

Instructions for ICVC Application:

Complete all sections of the application, please click on the save button to save all of your progress during application.

Save

Next, click on the next form button to continue the application. Do not use symbols or commas for questions involving dollar amounts.

Next Form >

Agency Details

Complete the all requested information. Your agency will be required to provide the number of Law Enforcement Officer Positions.

Number of Class 1 Vacant Positions: *

Please indicate the number of filled, certified law enforcement officer positions in your agency. Do not include Pre-Academy/New Hires who have not yet obtained certification.

Class 1	Class 2	Class 3	Class 4	Reserve	Total
<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	8

Agency Traffic and DUI Enforcement information is required.

How many officers conduct DUI enforcement as part of their daily duties? *

Does your agency have an established traffic unit? *

Does your agency prioritize enforcement of the state's impaired driving laws? *

NUMBER BY CALENDAR YEAR

Activity	CY:2022	CY:2023	CY:2024	CY:2025	Total
DUI Arrests	<input type="text" value="3"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="8"/>	21

Contact Information

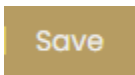
Complete all requested information. Check the "Same as Project Director" box if applicable.

Project Director (Required)	Prefix: <input type="text" value="Mr."/> *	First Name: <input type="text" value="David"/> *	Last Name: <input type="text" value="Colorado Garcia"/> *	Suffix: <input type="text"/>
	Title: <input type="text" value="Project Coordinator"/> *	Organization Name: <input type="text" value="South Carolina Department of Public"/> *		
	Street Address Line 1: <input type="text" value="10311 Wilson Boulevard"/> *	Street Address Line 2: <input type="text"/>		
	City: <input type="text" value="Blythewood"/> *	State: <input type="text" value="South Carolina"/>	Zip: <input type="text" value="29016"/> *	
	Office Phone: <input type="text" value="(803) 896-0754"/> *	Mobile Phone: <input type="text"/>	Email: <input type="text" value="DavidGarcia@scdps.gov"/> *	

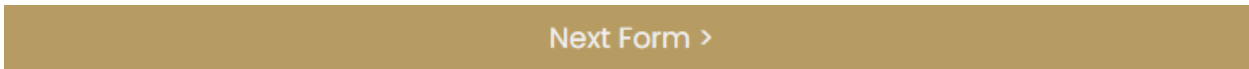
Agency Head (Required)	<input type="checkbox"/> Same as Project Director			
	Prefix: <input type="text" value="Chief"/> *	First Name: <input type="text" value="Doug"/> *	Last Name: <input type="text" value="Dynamite"/> *	Suffix: <input type="text"/>
	Title: <input type="text" value="Chief"/> *	Organization Name: <input type="text" value="Town of Dino"/> *		
	Street Address Line 1: <input type="text" value="10311 Wilson Boulevard"/> *	Street Address Line 2: <input type="text"/>		
	City: <input type="text" value="Blythewood"/> *	State: <input type="text" value="South Carolina"/>	Zip: <input type="text" value="29016"/> *	
	Office Phone: <input type="text" value="(803) 896-0754"/> *	Mobile Phone: <input type="text"/>	Email: <input type="text" value="DavidGarcia@scdps.gov"/> *	

Your agency will be required to identify a Project Director, Agency Head, Official Authorized to Sign, and a Financial Point of Contact.

Please click on the save button.



Next, click on the next form button to continue the application. Do not use symbols or commas for questions involving dollar amounts.



Additional Information

Complete all requested information. Answer yes or no to the questions about past funding. Yes responses require additional information.

Has your agency received ICVC Grant Program funding in the past from SCDCPS? Yes *

How much was your agency awarded? \$ 5,000.00 *

Has your agency previously been awarded any additional funding for ICVCs, supporting items, maintenance, and/or storage costs from local, state and/or federal sources (e.g. State-Funded SRO Program, SC Municipal Association, charitable donations, etc.)? Yes *

Please identify the source, amount and year in which the funding was awarded.

Source	Year	Amount	
NTHSA	2012	\$ 5,000.00	+
Total:		\$5,000.00	

How many In Car Video Cameras does your agency currently possess? 5 *

Agency storage information is required. Use the add (+) button to enter more storage information for your agency

Please provide the type(s), capacity, and annual costs of the storage your agency is currently using.

Type	Capacity	Annual Costs	
Server-based <input type="button" value="v"/>	Greater than 1 Terabyte <input type="button" value="v"/>	\$ 35,000.00	+
Total Annual Costs:		\$35,000.00	

New Purchases

Enter information for ICVC costs. Indicate the type of new purchase, cost (unit price), and a quantity the ICVC purchases. **Do not submit a bundle request.**

Quotes for new ICVC-related equipment, maintenance and/or storage must be uploaded.

Select the type of purchase your agency is looking to requesting. Enter information that is supported by the quote used by your agency. Enter a quantity and a unit price for each item.

In-Car Video Camera's (ICVC's): Cost for just the ICVC's only. All ICVC purchase request must provide cost per camera and quantity of cameras requested (Do not included taxes, shipping, license fees, warranties or storage in type of purchase).

Type of New Purchase	Cost	Quantity	Total		
In-Car Video Camera (ICVC) <input type="checkbox"/>	\$ 4,000.00	5	\$20,000.00	+	-

Supporting Item Cost: This includes ICVC-related equipment needed. (Do not include taxes, shipping, license fees or warranties in this type of purchase.)

Supporting Item Cost - ICVC Bracket Assemblies <input type="checkbox"/>	\$ 350.00	5	\$1,750.00	+	-
Supporting Item Cost- ICVC Camera Mount(s) <input type="checkbox"/>	\$ 200.00	5	\$1,000.00	+	-

Maintenance: This includes BWC user license, maintenance fees and warranties for ICVC-related items. (Do not include taxes or shipping in type of purchase.) Identify a 1-year maintenance cost only.

Maintenance- One Time ICVC Installation Cost Per Car <input type="checkbox"/>	\$ 3,500.00	1	\$3,500.00	+	-
Maintenance - ICVC User License <input type="checkbox"/>	\$ 430.00	5	\$2,150.00	+	-
Maintenance - One Year ICVC Warranty Cost <input type="checkbox"/>	\$ 300.00	5	\$1,500.00	+	-

Storage: This is for the purchase of storage for ICVC-related information only. Identify a 1 year storage cost only.

Storage - Cloud-based <input type="checkbox"/>	\$ 1,000.00	5	\$5,000.00	+	-
Storage - Server-based <input type="checkbox"/>	\$ 1,000.00	5	\$5,000.00	+	-
Storage - Other <input type="checkbox"/>	\$ 500.00	5	\$2,500.00	+	-

Tax: Enter tax cost for only ICVC-related items. This is for all items requested for new purchase. Storage is not taxable. Tax for storage equipment is applicable.

Tax (total for all applicable items) <input type="checkbox"/>	\$ 456.25	5	\$2,281.25	<input type="checkbox"/>	<input type="checkbox"/>
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Shipping: Enter shipping cost for only ICVC-related items. This is for all items requested for new purchase.

Shipping (total for all applicable items) <input type="checkbox"/>	\$ 75	5	\$375.00	<input type="checkbox"/>	<input type="checkbox"/>
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Other: Enter the name of the item. Use this box if the BWC-related item listed is not provided in the dropdown selection.

Other					
Item on Quote	\$ 560.00	5	\$2,800.00	<input type="checkbox"/>	<input type="checkbox"/>
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Justification Narrative (New Purchase)

Provide Justification for each type of new purchase being requested. Do not provide dollar amounts in this section. Describe in detail your agency's reasoning and need for funding. Include information regarding all ICVC's and equipment currently possessed by the agency describing:

- The age of the ICVC's
- Working conditions of the ICVC's
- The number of out of service/end of life ICVC units
- Number of ICVC's currently working for the agency
- The number of ICVC's assigned to Law Enforcement Officer(s) and the class of the officer(s).

Narrative needs to be clear and thorough to the reader why all requested new purchases are necessary.

New Purchases Justification Narrative

Please provide a justification for each type of new purchase being requested. Dollar amounts do not need to be provided. Include a description of all prior ICVC-related purchases (from all funding sources), including the number out of service/end of life, and all relevant information regarding equipment age or condition. Of the ICVCs currently in use, provide a breakdown as to which class(es) of officers the ICVCs are to be assigned. It should be clear to the reader why all requested new purchases are necessary.

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Please click on the save button.

Save

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Next Form >

Budget Summary

Review the budget categories for your agency. The totals should reflect the information entered in the sections prior.

Budget Category	Total
New Purchases	\$40,356.25
Total Request	\$40,356.25

Attachments

Upload the required documentation. The quote needs to support the information entered in the sections prior. Hit the "Browse" button to locate the files to upload from the computer.

New Purchase Supporting Documentation: Agencies requesting new purchase must upload a quote. This information needs to match the requested totals on the application for this section. (Do not include paid invoices, purchase orders and/or checks.)

[New Purchase Supporting Documentation](#) - Please attach all quotes used to support the requests from the New Purchases page.

Description: 0 of 250

Browse

Drag Files Here

*

+

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Submit Application

Click on the “Submit Application” option to complete your agency’s ICVC Grant Program application.

Submit Application

Verify all your information is correct before submitting. You will not be able to edit/return to your agency’s application. Then click on the OK button.



Are you sure that you want to change the status from

Application in Process to Application Submitted?

Are you sure you want to submit your application at this time?

Please enter any notes in regards to this status change

Cancel

OK

If you have any questions, please contact David Colorado Garcia at 803-896-0754 or email at davidgarcia@scdps.gov.

Thank you for all you do for the State of South Carolina!

Stay Safe!