



# **SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**

Office of Financial Services

# Grants Accounting Staff Contacts

School Resource Officer Program

Post Office Box 1993

Blythewood, SC 29016

[SROAccountingTeam@scdps.gov](mailto:SROAccountingTeam@scdps.gov)

Kashawnna Kennedy, Senior SRO Accountant

803-896-8422 Office

803-873-3026 Cell

[KashawnnaKennedy@scdps.gov](mailto:KashawnnaKennedy@scdps.gov)

Hannah Raper-Martinez, Admin. Coordinator

803-896-4807 Office

[HannahMartinez@scdps.gov](mailto:HannahMartinez@scdps.gov)

Region 1 Vacant, SRO Accountant

803-896-8414 Office

Melody Wise Butler, SRO Accountant

803-896-8426 Office

[MelodyButler@scdps.gov](mailto:MelodyButler@scdps.gov)

Ted Blanding, SRO Accountant

803-896-7944 Office

[TedBlanding@scdps.gov](mailto:TedBlanding@scdps.gov)

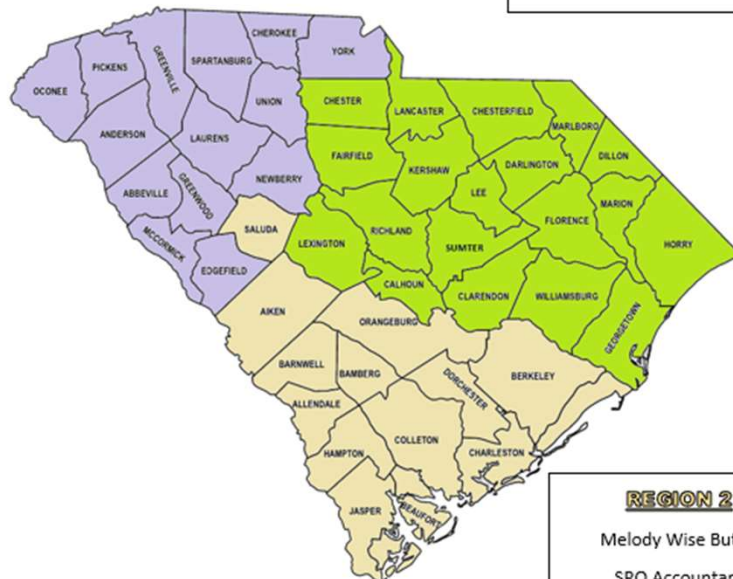
## Grants Accounting Regions

### REGION 1

VACANT  
SRO Accountant  
803-896-8414

### REGION 3

Ted Blanding  
SRO Accountant  
803-896-7944  
[TedBlanding@scdps.gov](mailto:TedBlanding@scdps.gov)



### REGION 2

Melody Wise Butler  
SRO Accountant  
803-896-8426  
[MelodyButler@scdps.gov](mailto:MelodyButler@scdps.gov)



# Financial Requirements and Procedures

# Terms & Conditions

Located in Intelligrants, the Terms & Conditions are the awardee's responsibility. Please submit all inquiries and correspondence to [SROAccountingTeam@scdps.gov](mailto:SROAccountingTeam@scdps.gov).

- Availability of Funds
- Non-Supplanting Agreement
- Budget Revision Requirements
- Sole Source Procurement
- Utilization and Payment of Award Funds
- Deobligation of Award Funds



# Purchases

# Purchase Approvals

Per Special Condition # 16, all purchases must be approved by the SCDPS Grants Accounting Team in writing prior to obligating award funds. Submit requests to purchase in Intelligrants

The request for approval to purchase equipment/other items should:

- Written quotes that are within their validity period
- Your grant/award number
- Vendor information
- Quotes need to be itemized and show the quantity for all items being requested and have a total
- If requesting approval for a vehicle that the vehicle vendor will be sending to the upfitter, the quote for the upfit must be included in the prior approval request.

Failure to submit purchases for approval could prevent reimbursement.

# Procurement

## Purchases under \$10,000.00

- Small purchases not exceeding \$10,000 can be made without securing multiple competitive quotations if the prices are considered fair and reasonable, however, at least one written quote is required.
- The request must be annotated “Price is fair and reasonable” and must be signed by the buyer.
- Multiple quotes, though not required, are often used to demonstrate that a price is “fair and reasonable.”
- Purchases must be distributed equitably among qualified suppliers.



# Procurement

## Purchases \$10,000.01 to \$25,000

- Three written quotes from qualified vendors must be made for purchases not on State Contract that are greater than \$10,000 but not in excess of \$25,000.
- You must receive and retain in the purchase file at least three bona fide, responsive, and responsible quotes.
- The written request for quotes must include a purchase description.
- Purchases must be distributed equitably among qualified suppliers.
- Purchases cannot be artificially divided in order to avoid competition. Meaning you can not submit two or more requisitions to the same or similar vendors in order to avoid competitive bid requirements.
- If 3 quotes cannot be obtained, must solicit in SCBO (No Bid responses are not acceptable)

# Procurement

## Purchases \$25,000 to \$100,000

- Advertised small purchases \$25,000 to \$100,000 – can be advertised in SCBO
- Purchases \$25,000 to \$100,000 not on State Contract will need to be advertised for at least 7 days.
  - \$50,000 - \$100,000 can be protested
- The solicitation must be advertised publicly in an appropriate widely distributed publication. At a minimum, the advertisement must contain (1) a description of the goods or services to be acquired, (2) how to obtain a copy of the solicitation, (3) when and where responses are due, and (4) the place of performance or delivery.
- The advertisement must be published with adequate notice in advance of the due date to allow for response by the prospective vendors, and in no case should notice be less than 7 days prior to the due date.
- A copy of the written solicitation and written quotes or proposals must be retained in the purchase file.
  - SCBO
  - Go to <https://scbo.sc.gov/>
  - Click on SCBO
  - Click on Create A SCBO Advertisement

# Procurement

This is a state-funded grant, therefore, we follow state procurement guidelines. Vendors on statewide term contract are preferred when procuring items.

<https://www.procurement.sc.gov/contracts>

[Home](#) [Audit & Certification](#) [Legal](#) [Political Subdivisions](#) [SCBO](#) [Training Opportunities](#)

[Home](#) > [Statewide Term Contracts](#)

## Statewide Term Contracts

[SCEIS Contract Search](#)

[Purchasing Card \(P-Card\)](#)



Goods & Services  
Contract Search



Information  
Technology  
Contract Search



Daily Fuel Prices

### What is a statewide "term" contract?

A statewide "term" contract is a contract for the indefinite delivery of an indefinite quantity of specific supplies or services to be furnished as needed and upon request during a fixed period.

- These contracts can be established only by one of the state's chief procurement officers.
- Use of "term" contracts is mandatory for all "governmental bodies," as that term is defined in the Procurement Code.

For additional tips, see the attached FAQ.

# Procurement

## File Retention

The Procurement file must contain, at a minimum:

- Copies of all quotes or proposals received, copies of written solicitations or written requests for quotations
- Copies of all written communications and e-mails related to the purchase
- A copy of the invoice(s) and purchase order if a purchase order was used.

\*The Procurement file must be retained for three years after the date of the last payment is made.

# Disposition of Equipment

If equipment purchased with grant funds is destroyed, being replaced/upgraded, or is no longer needed, contact Grants Accounting Senior Accountant at [KashawnnaKennedy@scdps.gov](mailto:KashawnnaKennedy@scdps.gov).

- In the email, include the equipment description, the grant number under which the equipment was purchased, and an explanation regarding why the equipment is being disposed of. Grants accounting will then provide you with further instructions.
- It is important to keep records for all equipment purchased with grant funds for a period of three (3) years from the date of final disposition.



# Request for Payment/Quarterly Fiscal Report

# Request for Payment/Quarterly Fiscal Report

| REPORTING PERIOD/QUARTER | DUE DATE   |
|--------------------------|------------|
| July 1 - September 30    | October 30 |
| October 1 - December 31  | January 30 |
| January 1 - March 31     | April 30   |
| April 1 - June 30        | July 30    |

All Request for Payment must be sent to [SROAccountingTeam@scdps.gov](mailto:SROAccountingTeam@scdps.gov)

- Payments will be made on a reimbursable basis.
- RFPs must be sent quarterly but can be sent more frequently.
- Extension requests for Request for Payment due dates may be submitted for consideration by sending an email to [SROAccountingTeam@scdps.gov](mailto:SROAccountingTeam@scdps.gov).
- Neither purchases nor salaries can be reimbursed outside of your grant year/award period.

| <b>STATE OF SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY</b><br>Office of Highway Safety and Justice Programs<br>SRO Program Request for Payment (RFP)   |                  |   |                            |                  |
|--|------------------|---|----------------------------|------------------|
| Subgrantee: _____  |                  | Award #: _____  |                            |                  |
| Address: _____   |                  | RFP #: _____  |                            |                  |
| Project Title: <u>School Resource Officer Program</u>  |                  | Final RFP: Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                  |
| County Number: _____   |                  | Grant Type: _____<br><small>Reimbursement or Advance</small>        |                            |                  |
| Award Period: _____  |                  |   |                            |                  |
| Grant Funds Requested  |                  |   |                            |                  |
| Budget Category  | Requested Amount | Approved Amount   | Total Expenditures to Date | Budget Remaining |
| Personnel  |                  |   |                            |                  |
| Travel   |                  |   |                            |                  |
| Equipment  |                  |   |                            |                  |
| Other  |                  |   |                            |                  |
| <b>TOTAL COSTS</b>   | \$ -             |   |                            |                  |
| - Funds Due to DPS   |                  |   |                            |                  |
| Certification:   |                  |   |                            |                  |
| <small>I certify that I have full authority to execute this payment request on behalf of the subgrantee and this is a correct statement of costs incurred during the period identified above and that the appropriate documentation to support these costs is attached. Additionally, all expenses claimed are made in compliance with federal, state, and local statutes and regulations and are in accordance with the approved grant.</small> |                  |   |                            |                  |
| Project Director Signature & Title _____   |                  |   | Date _____                 |                  |
| OFFICE OF SCHOOL RESOURCE PROGRAM USE ONLY:  |                  |   |                            |                  |
| SCEIS Grant Number/Object Code _____   | \$ _____         | Approved Amount _____   | Vendor Number _____        |                  |
| SRO Program Grants Accountant _____  |                  | SRO Program Grants Senior Accountant _____                          |                            |                  |
| Date _____   |                  | Date _____  |                            |                  |

# Request for Payment

## Page 1 – Coverpage

### SECTION 1 -- GENERAL INFORMATION

### SECTION 2 -- GRANT FUNDS REQUESTED

For Personnel, the Grantor Amount reflected in this section must be the same as the total amount on Page 2.

Equipment and Other, the Grantor Amount reflected in this section must be the same as the total amount for the corresponding budget category on Page 4.

**\*\*Total Expenditures to Date and Budget Remaining will be completed by the SRO Accountant.**

### SECTION 3 -- CERTIFICATION

**Only the Project Director should sign your Request for Payment**



**SUMMARY STATEMENT OF FULL TIME HOURS PERFORMED**  
SCHOOL RESOURCE OFFICER PROGRAM

Page 2

SUBGRANTEE NAME: \_\_\_\_\_ GRANT NO. \_\_\_\_\_ RFP NO. \_\_\_\_\_

CLAIM PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PAYMENT FREQUENCY: WEEKLY BIWEEKLY MONTHLY

PAY PERIOD DATES COVERED: \_\_\_\_\_

| Full Time Hours Performed By: | Assigned School | Total Hours Requested | Hourly Rate | Salary for Period Covered | Fringe Benefits** | Total for Salary and Fringe Benefits |
|-------------------------------|-----------------|-----------------------|-------------|---------------------------|-------------------|--------------------------------------|
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
|                               |                 |                       |             | \$ -                      |                   | \$                                   |
| TOTALS                        |                 |                       |             | \$ -                      | \$ -              | \$ -                                 |

\*Hours worked should include all hours being requested for reimbursement, including prorated vacation, holiday, sick leave, and training hours.  
Do not include overtime. \*\*See next page for required Fringe Benefits breakdown

# Request for Payment

## Page 2 – Summary Statement of Full Time Hours Performed

Summarize the amount requested in the “Salary Fringe Payment This QTR” field on page 1 of the RFP form on this page.

Add the name of each SRO (you do not need to fill out one page per Officer)

Add Assigned School

Add number of regular hours being requested by the agency (the total of hours being claimed, not the full-time policy)

Add the Hourly Rate of the Officer

Add Fringe Benefits for period from page 2

# Request for Payment

## Page 3 – Summary Statement of Full Time Fringes

| SUMMARY STATEMENT OF FULL TIME FRINGES    |           |          |
|---|-----------|----------|
| Subgrantee Name: _____                    |           |          |
| Grant No.: _____                          |           |          |
| Name of Employee Performing Work: _____   |           |          |
| ***Please submit one form for each SRO*** |           |          |
| Employer Paid Fringe Benefits Breakdown   |           |          |
| Type                                      | Rate      | Amount   |
| FICA and Medicare                         | 7.65%     | \$       |
| PORS Retirement Employer Contribution     | %         | \$       |
| PORS Incidental Death Contribution        | %         | \$       |
| PORS Accidental Death Contribution        | %         | \$       |
| Worker's Comp                             | %         | \$       |
| Unemployment                              | %         | \$       |
| Health Insurance                          |           | \$       |
| Dental Insurance                          |           | \$       |
| Preretirement Death Benefit               |           | \$       |
| Life Insurance                            |           | \$       |
| Long-term Disability                      |           | \$       |
| Short-term Disability                     |           | \$       |
| Accidental Death/Dismemberment            |           | \$       |
| Vision                                    |           | \$       |
| Other                                     |           | \$       |
| <b>Total Fringe Benefits*</b>             | <b>\$</b> | <b>-</b> |

\*This amount should match prorated salary fringe benefits on the Summary Statement of Full Time Activity Performed on page 2.

- Submit this page for each SRO by adding a tab.
- Add fringes not listed in the “Other” section.
- PORS Retirement rate updates July 1.
- Workers compensation rates and other fringes typically change Jan 1.
- Totals from this form should match the Fringe Benefits column on page 2.

# Request for Payment

## Personnel Documentation Requirements

- Daily Timesheets
- Detailed payroll reports generated by your agency's accounting/payroll system
- A statement regarding the agency's full-time policy (how many hours before overtime is paid)
- Worker's Compensation Rate (statement from SCMIT or SC State Accident Fund)
- Supporting documentation for health, dental, etc. premiums (PEBA Roster, insurance cost report, HR policy that states employer paid portions)
- Police Retirement (PORS) Contribution Rate
- If your agency pays for the employee portion of fringes, the policy must be included.
- E-mails and Excel sheets are generally not acceptable forms of documentation.

# Request for Payment

| RFP BUDGET DETAILS   |                |          | Page 4 |
|--|----------------|----------|--------|
| CATEGORIES   | GRANTOR AMOUNT | QUANTITY | TOTAL  |
| <p><b>IV. EQUIPMENT:</b> Itemize using the verbiage from budget lines in your award and do not round the totals.</p> <p>ITEM(S) MUST BE IN APPROVED GRANT BUDGET</p> <p>ITEM DESCRIPTION -</p> |                |          |        |
| TOTAL EQUIPMENT:   |                |          | \$ -   |

## Page 4 (top) – RFP Budget Details Equipment

- Enter the amount for each invoice reimbursement is being requested for.
- Totals should be actuals, with no rounding.

DOCUMENTATION REQUIREMENTS: Submit a copy of the paid receipt or invoice reflecting a description of the item(s) purchased, approval for the purchase, & the quantity.

**\*\*A SIGNED PROPERTY CONTROL FORM IS REQUIRED**

# Property Control Form

- All items with a minimum cost of \$2,500.00 and any sensitive items must have a Property Control Form submitted with the RFP. These are the items on the top of page 4 of the RFP.
- Sensitive items include weapons, laptops, radar units, portable radios, body armor, ballistic shields, or any item subsequently deemed a sensitive item by the SCDPS.

|  |               |
|--|---------------|
| SOUTH CAROLINA<br>DEPARTMENT OF PUBLIC SAFETY<br><b>PROPERTY CONTROL RECORD FORM</b>   |               |
| Provide an inventory of all assets designated as equipment, and any item capable of reassignment purchased with State funds during the life of the award. All items with a minimum cost of \$2,500 and any sensitive items must have a Property Control Form submitted with the corresponding Request for Payment. Sensitive items include weapons, laptops, radar units, portable radios, body armor, ballistic shields, or any item subsequently deemed a sensitive item by the SCDPS. |               |
| AWARD NUMBER   |               |
| SUBGRANTEE NAME AND ADDRESS  |               |
| PROJECT DIRECTOR NAME  |               |
|  |               |
| EQUIPMENT INFORMATION  |               |
| Item Description:  |               |
| VIN/Serial #:  |               |
| Date of Purchase:  | Invoice No.:  |
| Total Cost:  | Purchased by: |
| Assigned to:   | Vendor Name:  |
| Assigned School:   |               |

# Request for Payment

|   |      |  |      |
|---|------|--|------|
| <b>V. OTHER:</b> Itemize using the verbiage from budget lines in your award and do not round the totals.<br><b>ITEM(S) MUST BE IN APPROVED GRANT BUDGET</b> |      |  |      |
| <u>ITEM DESCRIPTION</u>   |      |  |      |
| <b>TOTAL OTHER:</b>   | \$ - |  | \$ - |

## Page 4 (bottom) – RFP Budget Details Other

- Enter the amount for each invoice reimbursement is being requested for.
- Totals should be actuals, with no rounding.
- Check the budget page of your award for reference.

**DOCUMENTATION REQUIREMENTS:** Submit a copy of the paid receipt or invoice reflecting a description of the item(s) purchased, approval for the purchase, & the quantity.



# Travel

# Request for Payment

SCHOOL RESOURCE OFFICER (SRO) TRAVEL SUPPORT DOCUMENT

Page 5

AWARD # 0

SRO Name: \_\_\_\_\_ Months Claimed: \_\_\_\_\_ Last 4 digits of VIN: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Tag : \_\_\_\_\_

| Month Beginning Date   | Month End Date | Month Beginning Mileage | Month Ending Mileage   | Total Month Mileage |
|--|----------------|-------------------------|--|---------------------|
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         |  | 0                   |
|  |                |                         | <b>TOTAL MILES</b>   | <b>0</b>            |
| Rate per Mile 0.7  |                |                         | <b>Total Amount</b>  | <b>\$ -</b>         |
| "I hereby certify or affirm that the above vehicle information and mileage is true and incurred by me during my assignment as a state-funded School Resource Officer." |                |                         | Certification: I certify that this is a correct statement of allowable travel cost for the period identified above and conforms with applicable local and grant regulations. This form is to be used for the sole purpose of the School Resource Officer (SRO) Program |                     |

Officer \_\_\_\_\_ Date \_\_\_\_\_

Project  
Director  
Date

Page 5 – Monthly Mileage Log

All requests for mileage reimbursement must include the following documentation:

Award Number

SROs Name

Last 4 digits of the VIN, Vehicle year, make, model, and tag #

Month(s) of travel

Month beginning mileage

Month ending mileage

Miles Traveled during that month

Mileage Reimbursement rate (must not exceed SC State employee reimbursement rate)

Total Reimbursement requested

**GSA mileage rates are set by the Internal Revenue Service to include all vehicle maintenance (insurance, depreciation, oil changes, etc.) and gas expenses that may be incurred.**



# Request for Payment

## Page 6 – Travel for Training Support

[illegible]

- Reimbursement for travel expenses is restricted to only those individuals included in the currently approved award budget.
- Lodging accommodation will be reimbursed for official award activities such as training and conferences and the attendee must be at least 50 miles from their assigned headquarters and residence on official, approved travel status for lodging to be reimbursed. \*Please be advised that reimbursements for lodging are limited to traditional hotel accommodations. Costs incurred through third-party booking sites (e.g., Airbnb, Vrbo, etc.) are not reimbursable under state grant guidelines.
- All training requests must be sent to your program coordinator for prior approval at [SROProgram@scdps.gov](mailto:SROProgram@scdps.gov).
- DPS and the State Comptroller General's Office have the authority to deny any travel reimbursement requests that do not follow the State and DPS travel reimbursement policies.
- State of SC agencies follow the official GSA maximum lodging rates, available at [GSA.gov](https://www.gsa.gov). The nightly rate before taxes charged by the hotel must be at or below the GSA max lodging rate. The GSA max lodging rate is before taxes. Taxes on the GSA max lodging rate are reimbursable.

# Request for Payment

## Page 6 – Travel Support

### DOCUMENTATION REQUIREMENTS:

- Conference/Training Agenda that includes event name
- Certificates of Completion for each SRO
- Approved training request from program coordinator
- Hotel folio must be submitted as backup documentation in order to be reimbursed. It must include the following:
  - Hotel Name and Address
  - Name of room occupant(s)
  - Dates of stay
  - Amount for nightly rate by day, taxes and fees applicable by day, total amount charged, Zero Balance

# Travel Documents Needed for Reimbursement

**Hilton**  
HOTELS & RESORTS

10000 BEACH CLUB DRIVE  
MYRTLE BEACH, SC 29572  
United States of America  
TELEPHONE 843-449-5900 • FAX 843-497-0168  
Reservations  
www.hilton.com or 1 800 HILTONS

Room No: [REDACTED]  
Arrival Date: 6/9/2024 3:16:00 PM  
Departure Date: 6/14/2024 9:08:00 AM  
Adult/Child: 2/0  
Cashier ID: DWILSON  
Room Rate: 259.00  
AL: [REDACTED]  
HH #: [REDACTED]  
VAT #: [REDACTED]  
Folio No/Che: [REDACTED]

UNITED STATES OF AMERICA

Confirmation Number: 3473243108

HILTON MYRTLE BEACH KINGSTON RESORTS 7/22/2024 10:03:00 AM

| DATE      | DESCRIPTION              | ID       | REF NO  | CHARGES  | CREDIT     | BALANCE |
|-----------|--------------------------|----------|---------|----------|------------|---------|
| 2/5/2024  | Advance Deposit VS *7481 | MHIGGINS | 7196544 |          | (\$312.48) |         |
| 6/9/2024  | RESORT CHARGE            | PAULT    | 7409609 | \$20.00  |            |         |
| 6/9/2024  | RESORT FEE TAX           | PAULT    | 7409609 | \$2.40   |            |         |
| 6/9/2024  | GUEST ROOM               | PAULT    | 7409610 | \$259.00 |            |         |
| 6/9/2024  | STATE TAX                | PAULT    | 7409610 | \$31.08  |            |         |
| 6/10/2024 | RESORT CHARGE            | PAULT    | 7411938 | \$20.00  |            |         |
| 6/10/2024 | RESORT FEE TAX           | PAULT    | 7411938 | \$2.40   |            |         |
| 6/10/2024 | GUEST ROOM               | PAULT    | 7411939 | \$259.00 |            |         |
| 6/10/2024 | STATE TAX                | PAULT    | 7411939 | \$31.08  |            |         |
| 6/11/2024 | RESORT CHARGE            | PAULT    | 7414208 | \$20.00  |            |         |
| 6/11/2024 | RESORT FEE TAX           | PAULT    | 7414208 | \$2.40   |            |         |
| 6/11/2024 | GUEST ROOM               | PAULT    | 7414209 | \$259.00 |            |         |

South Carolina Association of School Resource  
PO Box 290969 Columbia, SC 29229 info@scaasro.org

**INVOICE**

INVOICE NUMBER: [REDACTED]  
ORDER NUMBER: [REDACTED]  
DATE: 27 Feb 2025

STREET: [REDACTED]  
CITY, STATE, ZIP: [REDACTED]

**PLEASE INCLUDE INVOICE NUMBER WITH PAYMENT**

| Item                                       | Amount          |
|--|-----------------|
| [REDACTED] - Registration Fee (Early Bird) | \$182.00        |
| [REDACTED] - Registration Fee (Early Bird) | \$182.00        |
| [REDACTED] Registration Fee (Early Bird)   | \$182.00        |
| [REDACTED] Registration Fee (Early Bird)   | \$182.00        |
| <b>TOTAL</b>                               | <b>\$728.00</b> |

# Request for Payment

| In State - Maximum of \$35.00/Day = \$8.00 Breakfast / \$10.00 Lunch / \$17.00 Dinner      |                       |         |                           |
|--|-----------------------|---------|---------------------------|
| When Departure Time Is:  | And Return Time is:   | Claim:  | Authorized Meals          |
| Prior To 6:30 A.M.   | Later Than 11:00 A.M. | \$8.00  | Breakfast                 |
| Prior To 6:30 A.M.   | Later Than 1:30 P.M.  | \$18.00 | Breakfast & Lunch         |
| Prior To 6:30 A.M.   | Later Than 8:30 P.M.  | \$35.00 | Breakfast, Lunch & Dinner |
| Later Than 6:30 A.M. & Prior To 11:00 A.M.   | Later Than 1:30 P.M.  | \$10.00 | Lunch                     |
| Later Than 6:30 A.M. & Prior To 11:00 A.M.   | Later Than 8:30 P.M.  | \$27.00 | Lunch & Dinner            |
| Later Than 11:00 A.M. & Prior To 5:15 P.M.   | Later Than 8:30 P.M.  | \$17.00 | Dinner                    |
| Out of State - Maximum of \$50.00/Day = \$10.00 Breakfast / \$15.00 Lunch / \$25.00 Dinner |                       |         |                           |
| When Departure Time Is:  | And Return Time is:   | Claim:  | Authorized Meals          |
| Prior To 6:30 A.M.   | Later Than 11:00 A.M. | \$10.00 | Breakfast                 |
| Prior To 6:30 A.M.   | Later Than 1:30 P.M.  | \$25.00 | Breakfast & Lunch         |
| Prior To 6:30 A.M.   | Later Than 8:30 P.M.  | \$50.00 | Breakfast, Lunch & Dinner |
| Later Than 6:30 A.M. & Prior To 11:00 A.M.   | Later Than 1:30 P.M.  | \$15.00 | Lunch                     |
| Later Than 6:30 A.M. & Prior To 11:00 A.M.   | Later Than 8:30 P.M.  | \$40.00 | Lunch & Dinner            |
| Later Than 11:00 A.M. & Prior To 5:15 P.M.   | Later Than 8:30 P.M.  | \$25.00 | Dinner                    |

- The date and time the officer departs his/her home and the date and time he/she returns are needed to calculate per diem.
- If travel is within ten (10) miles of an officer's official headquarters and/or home, meals cannot be reimbursed. Receipts are not required per state requirements.
- Meals included with registration fees or in lodging fees are not reimbursable unless a valid, written justification is provided to explain why the Awardee could not participate in the meal.
- Continental breakfasts and "receptions" are not considered meals.
- If the hotel provides a hot breakfast (including a hot protein like eggs, bacon, etc.) the Awardee cannot request a breakfast reimbursement.

## SCHOOL RESOURCE OFFICER PROGRAM

### Overview

The South Carolina Department of Public Safety (SCDPS) is charged with the responsibility of the administration of state funds to be utilized by the department for the purpose of hiring certified law enforcement officers to serve as a school resource officer (SRO) for school districts that otherwise would lack the adequate resources to hire their own SROs. The SCDPS Office of Highway Safety and Justice Programs (OHSJP) serves as the division that directly administers the SRO Program.

There is an Open Solicitation (**for use outside the annual solicitation application period of January/February**) to request a state-funded SRO for schools that do not have an SRO and have not had funding available for one.

**School Districts:** Part 1 (Appendix A of the solicitation) is a one page form that must be completed by the school district and forwarded to each law enforcement agency providing state-funded SROs with [SROProgram@scdps.gov](mailto:SROProgram@scdps.gov) copied. School districts should follow the guidelines in the solicitation in completing and submitting Part 1 (Appendix A). No further action is required from the school district after submission of Part 1 (Appendix A). School districts **do not register** in IntelliGrants.

**NEW! Law Enforcement Agencies:** Part 2 is completed by the law enforcement agency via the NEW SCDPS web-based application tool, *IntelliGrants*, located at <https://scdps.intelligrants.com>. A training video on the new system is available on the *IntelliGrants* website and specific guidance related to the SRO Program is provided in the below SRO Application Workshop link.

Please review the below SRO Program Links & Resources for additional information.

### SRO Program Links & Resources

#### General Information:

- [SRO Program Coordinator's Assigned Counties \(REVISED July 2024\)](#)
- [SRO Program Accountant's Assigned Counties \(NEW July 2025\)](#)
- [Personnel Assignment Letter \(PAL\)](#)
- [Request For Payment \(RFP\)/Quarterly Fiscal Report Form \(with 2025 Mileage Rate\)](#)
- [Quarterly SRO Report \(completed by School District\)](#)
- [Training Request Form](#)
- [Property Control Form](#)
- [Sample Memorandum of Understanding \(MOU\)](#)

#### SFY 2025-2026 Open Solicitation (Award Period: Date of award through June 30, 2026):

- [Open Solicitation Document](#)
- [Application Workshop \(Slides\)](#)
- [Application Resource \(Agency Jurisdiction Codes\)](#)
- [Application Resource \(School ID Numbers\)](#)
- [Application Part 1 \(To be completed by the School District\)](#)
- [Application Part 2 \(To be completed by the Law Enforcement Partner\)](#)

#### SFY 2025-2026 Annual Solicitation (Award Period of July 1, 2025 - June 30, 2026):

- [Project Management Course Presentation \(Programmatic\) PENDING](#)
- [Project Management Course Presentation \(Financial\) PENDING](#)
- [Important Dates Calendar](#)

#### SFY 2024-2025 Solicitation (Award Period of July 1, 2024 - June 30, 2025):

- [Project Management Course Presentation \(Programmatic\)](#)

### SRO Program

#### Contacts

##### Program Questions?

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##### Financial Questions?

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# School Resource Officer Program Webpage

All of our contact information, forms, and additional resources can be found on our website:

<https://scdps.sc.gov/ohsjp/school-resource-officer-program>



# Questions?