Instructions for BWC Law Enforcement Professional Application:

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



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



Agency Details

Complete all requested information. Identify your agency as Law Enforcement Professionals.



Your agency will be required to provide the number of filled, certified Law Enforcement Officer positions. Identify how many BWCs are currently possessed by your agency.

Number of Class 1 Vacant Positions: 5 *

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
5	0	0	0	3	8

How many BWCs does your agency currently possess?



Contact Information

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

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

(Required)	Prefix: Mr. First Name: David *	Last Name: Colorado Garcia * Suffix:
	Title: Project Coordinator	Organization Name: South Carolina Department of Public *
	Street Address Line 1: 10311 Wilson Boulevard	Street Address Line 2:
	City: Blythewood * State: South Carolina	Zip: 29016 *
	Office Phone: (803) 896-0754	Email: DavidGarcia@scdps.gov *
Agency Head (Required)	Same as Project Director	
	Prefix: Ms. ✓ * First Name: Diane *	Last Name: Rodgers * Suffix: ~
	Title: Director *	Organization Name: Town of Rodgers *
	Street Address Line 1: 10311 Wilson Boulevard *	Street Address Line 2:
	City: Rodgers * State: South Carolina	Zip: 29016 *

Please click on the save button.

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 >

Additional Information

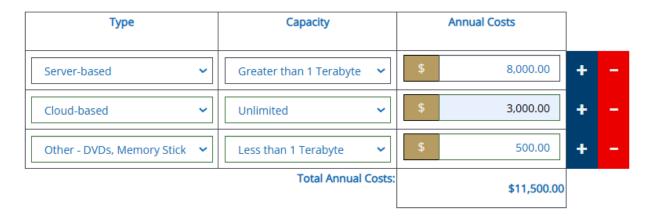
Complete the required requested information. Answer yes or no to the questions about past funding. "Yes" responses require additional information.

Has your agency received BWC Grant Program funding in the past from SCDPS? Yes How much was your agency awarded? 8,000.00 Has your agency previously been awarded any additional funding for BWCs, equipment, Yes maintenance, and/or storage costs from local, state and/or federal sources (e.g. State-Funded SRO program, SC Municipal Association, charitable donations, etc.)? Please identify the source, amount and year in which the funding was awarded. Source Year **Amount** 5.000.00 NHTSA 2021 Total:

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

\$5,000.00

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



Reimbursement

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

Eligibility dates for Reimbursement purchases are July 1, 2024 – June 30, 2025. Purchases made before this period will not be considered.

Reimbursement documents must be uploaded in the attachment section.

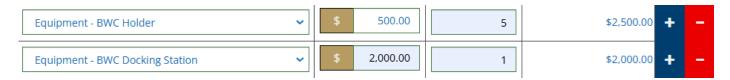
Select the type of purchase your agency is requesting. Enter information that is supported by the reimbursement documentation by your agency. Enter the quantity and unit price for each item.

Use the add (+) button to enter more information for your agency. All items requested must be identified line by line on the application.

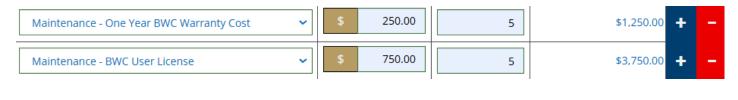
Body-Worn Camera (BWC): Cost for just the BWC only. All BWC's must list cost per camera and quantity of cameras requested.



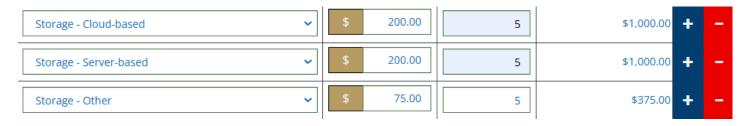
Equipment: This includes BWC-related equipment. (Do not include taxes, shipping, license fees or warranties in this type of purchase.)



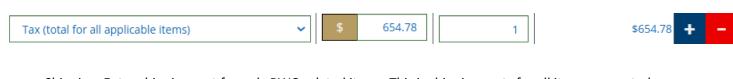
Maintenance: This includes BWC user license, maintenance and/or warranties for BWC-related items. (Do not include taxes or shipping in this type of purchase). Identify a 1-year cost only.



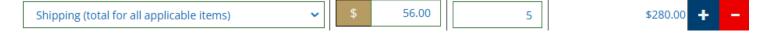
Storage: This is for the purchase of storage for BWC-related information only. Identify a 1-year cost only.



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



Shipping: Enter shipping cost for only BWC-related items. This is shipping costs for all items requested for reimbursement



Other: Enter the name of the item. Use this box if the BWC-related item listed is not provided in the dropbox selection.



Justification Narrative (Reimbursement)

Provide Justification for each type of reimbursement 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 BWC's and equipment currently possessed by the agency describing:

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

• The dates of invoices and payments of BWC-related purchases, these must be within the reimbursement period.

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Please provide a justification for each type of reimbursement being requested. Dollar amounts do not need to be provided. Include a description of all prior BWC-related purchases (from all fund sources), including the number out of service/end of life, and all relevant information regarding equipment age or condition. Of the BWCs currently in use, provide a breakdown as to which class (officers the BWCs are assigned. It should be clear to the reader why all items requested for reimbursement are necessary.	- 0

Narrative needs to be clear and thorough to explain why all requested reimbursements are necessary.

Please click on the save button.

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 >

New Purchases

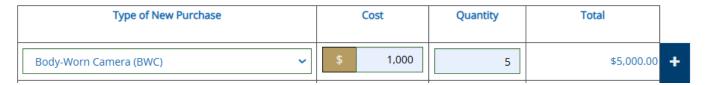
Enter information for BWC costs. Indicate the type of new purchase, cost (unit price), and quantity for the BWC purchases. **Do not submit a bundle request.**

Quotes for new BWC-related equipment, maintenance and/or storage must be uploaded in the attachment section.

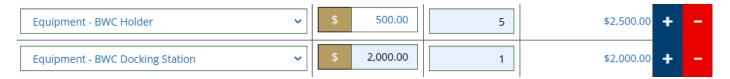
Use the add (+) button to enter more information for your agency. All items requested must be identified line by line on the application.

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

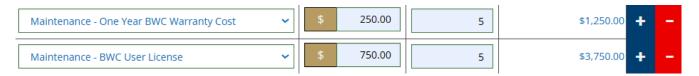
Body-Worn Camera's (BWC's): Cost for just the BWC's only. All BWC purchase request must provide cost per camera and quantity of cameras requested (Do not include taxes, shipping, license fees, warranties or storage in this type of purchase).



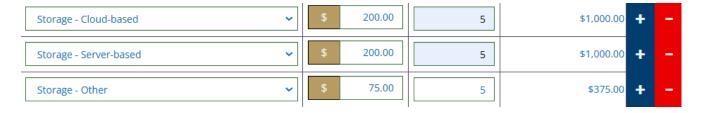
Equipment: This includes any associated BWC-related equipment. (Do not include taxes, shipping, license fees or warranties in this type of purchase.)



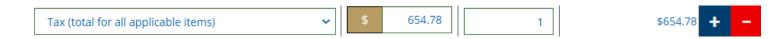
Maintenance: Includes BWC user license, maintenance and/or warranties for BWC-related items. (Do not include taxes or shipping in this type of purchase). Identify a 1-year maintenance cost only.



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



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



Shipping: Enter shipping cost for only BWC-related items. This is shipping costs for all items requested for new purchase.



150.00

\$750.00

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 BWC's and equipment currently possessed by the agency describing:

• The age of the BWC's

Item Name on Quote

18 of 50

New Purchases Justification Narrative

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

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 BWC-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 BWCs currently in use, provide a breakdown as to which class(es) of officers the BWCs are to be assigned. It should be clear to the reader why all requested new purchases are necessary.

officers the BWCs are to be assigned. It should be clear to the reader why all requested new purchases are necessary.

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

Budget Summary

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

Budget Category	Total
Reimbursement	\$5,750.00
New Purchases	\$5,000.00
Total Request	\$10,750.00

Attachments

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

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

Reimbursement Supporting Documentation - Please attach invoices, receipts, etc to support the requests from the Reimbursements page.



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.



BWC Policy: You must provide a copy of your agency BWC policy. Do not include the approval letter.

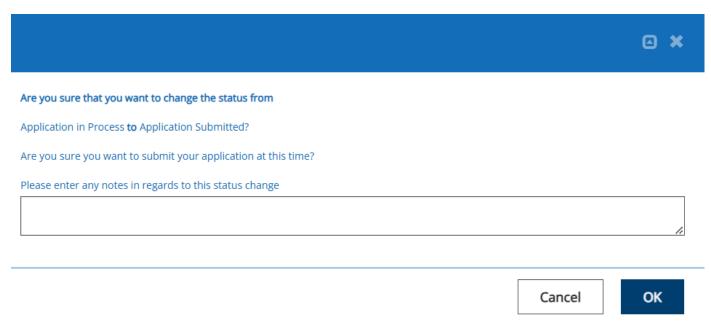
BWC Policy - Please attach a copy of your current agency BWC policy. Drag Files Here Description: 0 of 250 Law Enforcement Training Council (LETC) BWC Policy Approval Letter: You must provide a copy of the approval letter from the South Carolina Law Enforcement Training Council (SCLETC). Please contact Bob Bianco via email at RDBianco@sccja.sc.gov or at 803-908-8001; and/or Mike O'Connel via email at MPOConnell@sccja.sc.gov or at 803-443-8270. Law Enforcement Training Council (LETC) BWC Policy Approval Letter - Please attach a copy of your BWC policy approval letter from the LETC. Drag Files Here Description: 0 of 250 Please click on the save button. 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 >

Submit Application

Click on the "Submit Application" option to complete your agency's BWC 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.



If you have any questions, please contact Johnny Price at 803-896-7789 or email at <u>johnaprice@scdps.gov</u>.

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

Stay Safe!

Instructions for BWC Legal Professionals Application:

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



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

Next Form >

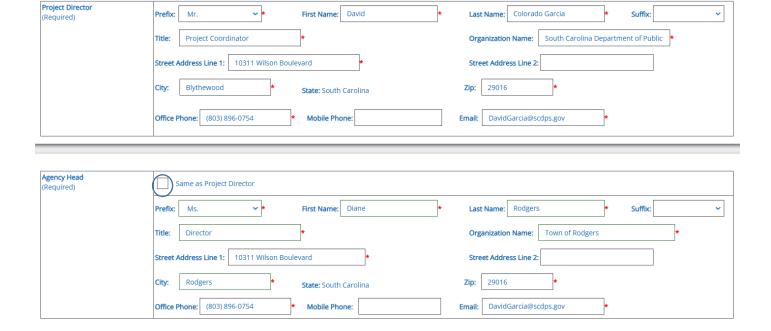
Agency Details

Complete all requested information. Identify your agency as Legal Professionals.



Contact Information

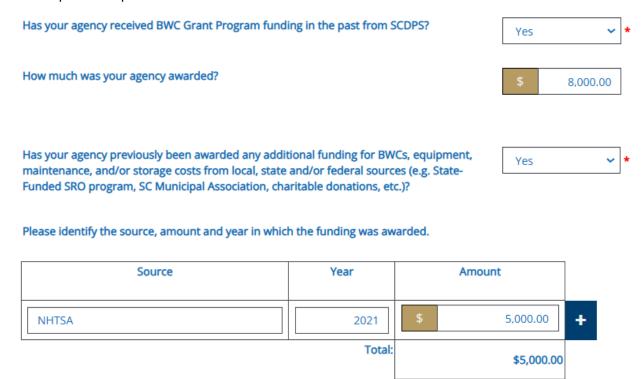
Complete all requested information. Check the "Same as Project Director" box if applicable.



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

Additional Information

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



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

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



Reimbursement

Enter information for BWC-related costs. Indicate the type of reimbursement, cost (unit price), and quantity for the BWC purchases. **Do not submit a bundle request.**

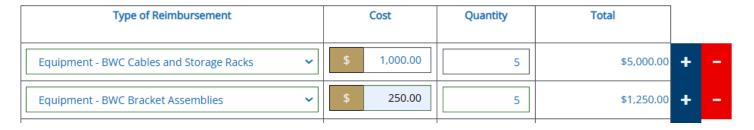
Eligibility dates for reimbursement purchases are July 1, 2024 – June 30, 2025. Purchases made before this period will not be considered.

Reimbursement documents must be uploaded in the attachment section.

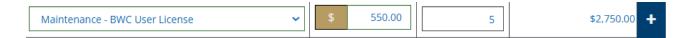
Select the type of purchase your agency is requesting. Enter information that is supported by the quote used by your agency. Enter the quantity and unit price for each item.

Use the add (+) button to enter more information for your agency. All items requested must be identified line by line on the application.

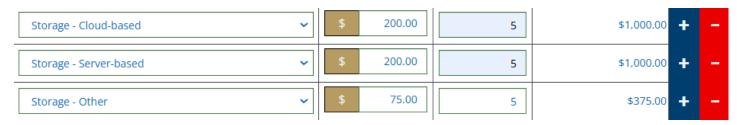
Equipment: This includes BWC-related equipment needed. (Do not include taxes, shipping, license fees or warranties in this type of purchase.)



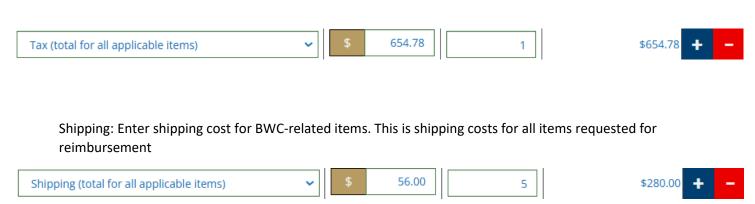
Maintenance: This includes BWC user license, maintenance fees and/or warranties for BWC-related items. (Do not include taxes or shipping in this type of purchase). Identify a 1-year cost only.



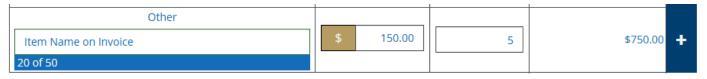
Storage: This is for the purchase of storage for BWC-related information only. Identify a 1-year cost only.



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



Other: Enter the name of the item. Use this box if the BWC-related item listed is not provided in the dropbox selection.



<u>Justification Narrative (Reimbursement)</u>

Provide Justification for each type of reimbursement 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 BWC-related equipment currently possessed by the agency describing:

- The age of the equipment dedicated to BWC
- Working conditions of the equipment dedicated to BWC
- The number of out of service/end of life BWC-related equipment
- The number of personnel assigned to BWC by your agency
- The dates of invoices and payments of BWC-related purchases

Rei	mbu	irsement	lustificatio	n Narrative
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Please provide a justification for each type of reimbursement being requested. Dollar amounts do not need to be provided. In sources), including the number out of service/end of life, and all relevant information regarding equipment age or condition. Officers the BWCs are assigned. It should be clear to the reader why all items requested for reimbursement are necessary.	
0 of 7500	

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

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 >

New Purchases

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

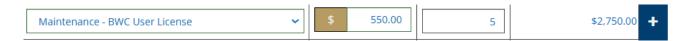
Quotes for new BWC-related equipment, maintenance and/or storage must be uploaded.

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

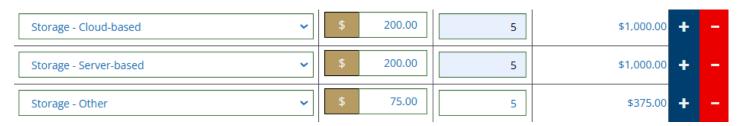
Equipment: This includes BWC-related equipment needed. (Do not include taxes, shipping, license fees or warranties in this type of purchase.)

Type of New Purchase	Cost	Quantity	Total		
Equipment - BWC Cables and Storage Racks	\$ 1,000.00	5	\$5,000.00	+	-
Equipment - BWC Bracket Assemblies	\$ 350.00	5	\$1,750.00	+	-

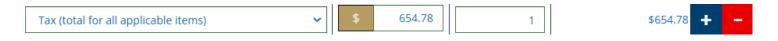
Maintenance: This includes BWC user license, maintenance fees and/or warranties for BWC-related items. (Do not include taxes or shipping in this type of purchase.) Identify a 1-year cost only.



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



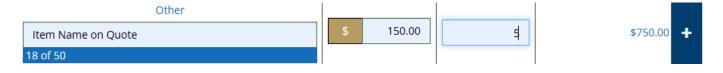
Tax: Enter tax cost for only BWC-related items. This is for all items requested for new purchase. Storage is not taxable. Tax for storage equipment is applicable.



Shipping: Enter shipping cost for only BWC-related items. This is shipping costs for all items requested for new purchase.



Other: Enter the name of the item. Use this box if the BWC-related item listed is not provided in the dropbox selection.



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 BWC's and equipment currently possessed by the agency describing:

• The age of the equipment dedicated to BWC

New Purchases Justification Narrative

- Working conditions of the equipment dedicated to BWC
- The number of out of service/end of life BWC-related equipment
- The number of personnel assigned to BWC by your agency
- The dates of invoices and payments of BWC-related purchases

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

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 BWC-related purchases (from all sources), including the number out of service/end of life, and all relevant information regarding equipment age or condition. Of the BWCs currently in use, provide a breakdown as to which officers the BWCs are to be assigned. It should be clear to the reader why all requested new purchases are necessary.	
omers are to be assigned. It should be clear to the reduct why an requested new parameters are necessary.	
	10

Budget Summary

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

Budget Category	Total
Reimbursement	\$5,750.00
New Purchases	\$5,000.00
Total Request	\$10,750.00

Attachments

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

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

Reimbursement Supporting Documentation - Please attach invoices, receipts, etc to support the requests from the Reimbursements page.

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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.



Please click on the save button to save all of your progress during application.



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

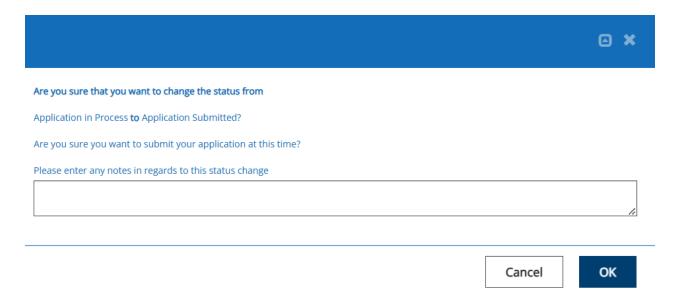
Next Form >

Submit Application

Click on the "Submit Application" option to complete your agency's BWC Grant Program application.



Verify all your information is correct before submitting. You will not be able to edit/return to your agency's application.



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

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