

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.

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

Agency Type: 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? 5 \*

### 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.

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="Ms."/> *	First Name: <input type="text" value="Diane"/> *	Last Name: <input type="text" value="Rodgers"/> *	Suffix: <input type="text"/>
	Title: <input type="text" value="Director"/> *	Organization Name: <input type="text" value="Town of Rodgers"/> *		
	Street Address Line 1: <input type="text" value="10311 Wilson Boulevard"/> *	Street Address Line 2: <input type="text"/>		
	City: <input type="text" value="Rodgers"/> *	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"/> *	

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?

 \*

How much was your agency awarded?

Has your agency previously been awarded any additional funding for BWCs, equipment, 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
<input type="text" value="NHTSA"/>	<input type="text" value="2021"/>	<input type="text" value="\$ 5,000.00"/> <span style="float: right; background-color: #003366; color: white; padding: 2px 5px;">+</span>
<b>Total:</b>		<b>\$5,000.00</b>

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.

Type	Capacity	Annual Costs		
<input type="text" value="Server-based"/>	<input type="text" value="Greater than 1 Terabyte"/>	<input type="text" value="\$ 8,000.00"/>	+	-
<input type="text" value="Cloud-based"/>	<input type="text" value="Unlimited"/>	<input type="text" value="\$ 3,000.00"/>	+	-
<input type="text" value="Other - DVDs, Memory Stick"/>	<input type="text" value="Less than 1 Terabyte"/>	<input type="text" value="\$ 500.00"/>	+	-
<b>Total Annual Costs:</b>		<b>\$11,500.00</b>		

## 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, 2025 – June 30, 2026. 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.

Type of Reimbursement	Cost	Quantity	Total	
Body-Worn Camera (BWC) <span style="float: right;">▼</span>	\$ 1,000.00	5	\$5,000.00	+

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

Equipment - BWC Holder <span style="float: right;">▼</span>	\$ 500.00	5	\$2,500.00	+	-
Equipment - BWC Docking Station <span style="float: right;">▼</span>	\$ 2,000.00	1	\$2,000.00	+	-

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.

Maintenance - One Year BWC Warranty Cost	\$ 250.00	5	\$1,250.00	+	-
Maintenance - BWC User License	\$ 750.00	5	\$3,750.00	+	-

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

Storage - Cloud-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Server-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Other	\$ 75.00	5	\$375.00	+	-

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.

Tax (total for all applicable items)	\$ 654.78	1	\$654.78	+	-
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Shipping: Enter shipping cost for only BWC-related items. This is shipping costs for all items requested for reimbursement

Shipping (total for all applicable items)	\$ 56.00	5	\$280.00	+	-
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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 Name on Invoice	\$ 150.00	5	\$750.00	+	
20 of 50					

### **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.

[Reimbursement Justification Narrative](#)

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 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 assigned. It should be clear to the reader why all items requested for reimbursement are necessary.

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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).

Type of New Purchase	Cost	Quantity	Total
Body-Worn Camera (BWC) <input type="checkbox"/>	\$ 1,000	5	\$5,000.00 <input type="checkbox"/>

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

Equipment - BWC Holder <input type="checkbox"/>	\$ 500.00	5	\$2,500.00 <input type="checkbox"/>
Equipment - BWC Docking Station <input type="checkbox"/>	\$ 2,000.00	1	\$2,000.00 <input type="checkbox"/>

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.

Maintenance - One Year BWC Warranty Cost <input type="checkbox"/>	\$ 250.00	5	\$1,250.00 <input type="checkbox"/>
Maintenance - BWC User License <input type="checkbox"/>	\$ 750.00	5	\$3,750.00 <input type="checkbox"/>

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

Storage - Cloud-based <input type="checkbox"/>	\$ 200.00	5	\$1,000.00 <input type="checkbox"/>
Storage - Server-based <input type="checkbox"/>	\$ 200.00	5	\$1,000.00 <input type="checkbox"/>
Storage - Other <input type="checkbox"/>	\$ 75.00	5	\$375.00 <input type="checkbox"/>

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.

Tax (total for all applicable items) <input type="checkbox"/>	\$ 654.78	1	\$654.78 <input type="checkbox"/>
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Shipping: Enter shipping cost for only BWC-related items. This is shipping costs for all items requested for new purchase.

Shipping (total for all applicable items) ▼	\$ 56.00	5	\$280.00	+	-
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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 dropbox selection.

Other					
Item Name on Quote	\$ 150.00	\$	\$750.00	+	
18 of 50					

### **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
- 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).

#### 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 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.

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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
<b>Total Request</b>	<b>\$10,750.00</b>

## 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.

Description:  0 of 250

*Drag Files Here* \* 

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

*Drag Files Here* \* 

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.

Description:  0 of 250

*Drag Files Here* \*

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](mailto:RDBianco@sccja.sc.gov) or at 803-908-8001 ; and/or Mike O’Connel via email at [MPOConnell@sccja.sc.gov](mailto: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.

Description:  0 of 250

*Drag Files Here* \*

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.

## 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. 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 Johnny Price at 803-896-7789 or email at [johnaprice@scdps.gov](mailto:johnaprice@scdps.gov).

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.

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 all requested information. Identify your agency as Legal Professionals.

Agency Type: Legal Professionals  \*

## 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" value=""/>
	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" value=""/>	
	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" value=""/>	Email: <input type="text" value="DavidGarcia@scdps.gov"/> *	

Agency Head (Required)	<input type="checkbox"/> Same as Project Director			
	Prefix: <input type="text" value="Ms."/> *	First Name: <input type="text" value="Diane"/> *	Last Name: <input type="text" value="Rodgers"/> *	Suffix: <input type="text" value=""/>
	Title: <input type="text" value="Director"/> *	Organization Name: <input type="text" value="Town of Rodgers"/> *		
	Street Address Line 1: <input type="text" value="10311 Wilson Boulevard"/> *		Street Address Line 2: <input type="text" value=""/>	
	City: <input type="text" value="Rodgers"/> *	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" value=""/>	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.

### 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, 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
NHTSA	2021	\$ 5,000.00 <span style="float: right; background-color: #003366; color: white; padding: 2px 5px;">+</span>
<b>Total:</b>		<b>\$5,000.00</b>

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.

Type	Capacity	Annual Costs
Server-based <input type="button" value="v"/>	Greater than 1 Terabyte <input type="button" value="v"/>	\$ 8,000.00 <span style="float: right; background-color: #003366; color: white; padding: 2px 5px;">+</span> <span style="float: right; background-color: #cc0000; color: white; padding: 2px 5px;">-</span>
Cloud-based <input type="button" value="v"/>	Unlimited <input type="button" value="v"/>	\$ 3,000.00 <span style="float: right; background-color: #003366; color: white; padding: 2px 5px;">+</span> <span style="float: right; background-color: #cc0000; color: white; padding: 2px 5px;">-</span>
Other - DVDs, Memory Stick <input type="button" value="v"/>	Less than 1 Terabyte <input type="button" value="v"/>	\$ 500.00 <span style="float: right; background-color: #003366; color: white; padding: 2px 5px;">+</span> <span style="float: right; background-color: #cc0000; color: white; padding: 2px 5px;">-</span>
<b>Total Annual Costs:</b>		<b>\$11,500.00</b>

## 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, 2025 – June 30, 2026. 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.)

Type of Reimbursement	Cost	Quantity	Total		
Equipment - BWC Cables and Storage Racks <input type="text" value="v"/>	\$ 1,000.00	<input type="text" value="5"/>	\$5,000.00	<input type="button" value="+"/>	<input type="button" value="-"/>
Equipment - BWC Bracket Assemblies <input type="text" value="v"/>	\$ 250.00	<input type="text" value="5"/>	\$1,250.00	<input type="button" value="+"/>	<input type="button" value="-"/>

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.

Maintenance - BWC User License <input type="text" value="v"/>	\$ 550.00	<input type="text" value="5"/>	\$2,750.00	<input type="button" value="+"/>
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Storage: This is for the purchase of storage for BWC-related information only. Identify a 1-year cost only.

Storage - Cloud-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Server-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Other	\$ 75.00	5	\$375.00	+	-

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.

Tax (total for all applicable items)	\$ 654.78	1	\$654.78	+	-
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Shipping: Enter shipping cost for BWC-related items. This is shipping costs for all items requested for reimbursement

Shipping (total for all applicable items)	\$ 56.00	5	\$280.00	+	-
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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 Name on Invoice	\$ 150.00	5	\$750.00	+	
20 of 50					

### 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-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

### Reimbursement Justification Narrative

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 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 assigned. It should be clear to the reader why all items requested for reimbursement are necessary.

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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.

Maintenance - BWC User License	\$ 550.00	5	\$2,750.00	+
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Storage: This is for the purchase of storage for BWC-related information only. Identify a 1-year cost only.

Storage - Cloud-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Server-based	\$ 200.00	5	\$1,000.00	+	-
Storage - Other	\$ 75.00	5	\$375.00	+	-

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.

Tax (total for all applicable items)	\$ 654.78	1	\$654.78	+	-
--------------------------------------	-----------	---	----------	---	---

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

Shipping (total for all applicable items)	\$ 56.00	5	\$280.00	+	-
---	----------	---	----------	---	---

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

Other	Cost	Quantity	Total	
Item Name on Quote	\$ 150.00	5	\$750.00	+

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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 BWC's and 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

Narrative needs to be clear and thorough to explain 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 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.

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## 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
<b>Total Request</b>	<b>\$10,750.00</b>

## 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.

Description:  0 of 250  *Drag Files Here* 

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  *Drag Files Here* 

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.

## 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.



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 Johnny Price at 803-896-7789 or email at [johnaprice@scdps.gov](mailto:johnaprice@scdps.gov).

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

Stay Safe!