

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED April 22, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		
Legal Name Town of Gramercy	Organizational Unit Police Department	
Address P.O. Box 340 120 North Montz Gramercy, Louisiana 70052-0340	Name and telephone number of the person to be contacted on matters involving this application Ordeneaux, Jody (225) 869-4403	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-6010409	7. TYPE OF APPLICANT Municipal	
8. TYPE OF APPLICATION Revision	9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.804 CFDA 16.804 - Recovery Act - Justice Assistance Grants - TITLE: Localities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Patrol Unit In Car Video Funding	
12. AREAS AFFECTED BY PROJECT Town of Gramercy, Louisiana		
13. PROPOSED PROJECT Start Date: July 01, 2009 End Date: June 30, 2010	14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project LA03	
15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Program is not covered by E.O.	
Federal	\$14,890	
Applicant	\$0	
State	\$0	

Local	\$0	12372
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$14,890	N
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

Close Window

DETAILED PROJECT BUDGET

CHECKLIST AND PROJECT BUDGET SUMMARY

INSTRUCTIONS: Complete this page **LAST**. The Checklist is self-explanatory. In Project Summary, insert applicable budget category totals from the Detailed Project Budget. Do not exceed spaces provided.

CHECKLIST:

YES: **NO:**

- | | | |
|--|-------------------------------------|--------------------------|
| Are all budgeted items allowable per Program Guidelines? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Name of Person Completing Budget Section: Sgt. Jody T. Ordeneaux Jr.
 Phone Number: (225) 869 - 4403 Fax Number: (225) 869 - 4195 E-Mail Address: jordeneaux@gramercypolice.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	TOTAL COST
100. PERSONNEL			\$0
200. FRINGE BENEFITS			\$0
300. TRAVEL			\$0
400. EQUIPMENT	\$14,890	\$15,085	\$29,975
500. SUPPLIES			\$0
600. CONTRACTUAL			\$0
800. OTHER DIRECT COSTS			\$0
TOTAL*:	\$14,890	\$15,085	\$29,975

***Note:** The value of In-Kind Match must run concurrently with the subgrant project period.)

Provide Source of Cash Match:
 The cash match will be provided through the Town of Gramercy General Operating Fund

100. PERSONNEL

Enter only the Title Position(s) and Individual Name(s) of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

POSITION TITLE	EMPLOYEE NAME	FULL-TIME EMPLOYEE	EMPLOYEE MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
		FT				\$0
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0

POSITION TITLE	EMPLOYEE NAME	PART-TIME OR OVERTIME EMPLOYEE	EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0

100. PERSONNEL TOTAL (FT, PT, OT EMPLOYEES): \$0

100. BRIEFLY EXPLAIN:

A) Need for each position shown above; justify need for overtime:

B) The basis for determining the salary of each position:

C) Project duties of each position requested:

D) Indicate if personnel will be new or existing personnel. If existing – indicate if position was backfilled. Indicate the personnel’s original status. (PLEASE NOTE: Existing personnel are employees currently working for the agency in a different position, but will now be working on this grant’s activities. If so, the position the employee is moved from must be filled with a new employee. If employee is the same from the previous grant, indicate when the employee was originally hired for that position.)

200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for ten (10) employees. For further information and direction, please refer to the application instructions.

Check: All Fringe Benefits Will Be Paid by Applicant Agency Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)						
SOCIAL SECURITY		RATE		SALARY	TOTAL	SOCIAL SECURITY		RATE		SALARY	TOTAL
1.		.062			\$0	6.		.062			\$0
2.		.062			\$0	7.		.062			\$0
3.		.062			\$0	8.		.062			\$0
4.		.062			\$0	9.		.062			\$0
5.		.062			\$0	10.		.062			\$0
MEDICARE		RATE		SALARY	TOTAL	MEDICARE		RATE		SALARY	TOTAL
1.		.0145			\$0	6.		.0145			\$0
2.		.0145			\$0	7.		.0145			\$0
3.		.0145			\$0	8.		.0145			\$0
4.		.0145			\$0	9.		.0145			\$0
5.		.0145			\$0	10.		.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates ▶▶		RATE	MONTHS		TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates ▶▶		RATE	MONTHS		TOTAL
1.					\$0	6.					\$0
2.					\$0	7.					\$0
3.					\$0	8.					\$0
4.					\$0	9.					\$0
5.					\$0	10.					\$0
WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL
1.					\$0	6.					\$0
2.					\$0	7.					\$0
3.					\$0	8.					\$0
4.					\$0	9.					\$0
5.					\$0	10.					\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL
1.			CHECK		\$0	6.			CHECK		\$0
2.			TYPE(S):		\$0	7.			TYPE(S):		\$0
3.			<input type="checkbox"/> FUTA		\$0	8.			<input type="checkbox"/> FUTA		\$0
4.			<input type="checkbox"/> SUTA		\$0	9.			<input type="checkbox"/> SUTA		\$0
5.			<input type="checkbox"/> OTHER		\$0	10.			<input type="checkbox"/> OTHER		\$0
PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL
1.					\$0	6.					\$0
2.					\$0	7.					\$0
3.					\$0	8.					\$0
4.					\$0	9.					\$0
5.					\$0	10.					\$0
OTHER:		RATE		SALARY	TOTAL	OTHER:		RATE		SALARY	TOTAL
1.					\$0	6.					\$0
2.					\$0	7.					\$0
3.					\$0	8.					\$0
4.					\$0	9.					\$0
5.					\$0	10.					\$0
FRINGE BENEFITS TOTAL (A):					\$0	FRINGE BENEFITS TOTAL (B):					\$0

PLEASE NOTE: IF MORE THAN TEN (10) EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

200. Fringe Benefits Total (A+B): \$0

300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency-owned vehicles. Charges not to exceed established agency travel rates, but in no case can travel expenses exceed current Louisiana Travel Guidelines. Only 50% of out-of-state travel is reimbursed and requires prior approval from LCLE.

LOCAL TRAVEL: WHO/POSITION/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST
NAME: TITLE:			\$0
NAME: TITLE:			\$0
NAME: TITLE:			\$0
NAME: TITLE:			\$0
NAME: TITLE:			\$0
SUBTOTAL FOR LOCAL TRAVEL COSTS:			\$0

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE REQUIRES PRIOR APPROVAL FROM LCLE): WHO/POSITION/PURPOSE OF TRAVEL	FROM	TO	MILEAGE RATE	TOTAL MILES	TOTAL COST
NAME: TITLE:					\$0
NAME: TITLE:					\$0
NAME: TITLE:					\$0
SUBTOTAL OF NON-LOCAL IN-STATE/OUT-OF-STATE MILEAGE COSTS:					\$0

WHO/POSITION/PURPOSE OF TRAVEL	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	CONFERENCE REGISTRATION & FEES	OTHER TRAVEL COSTS	TOTAL COSTS
NAME: TITLE:								\$0
NAME: TITLE:								\$0
NAME: TITLE:								\$0
SUBTOTAL OTHER TRAVEL COSTS:								\$0

300. TRAVEL CATEGORY TOTAL: \$0

400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

600. CONTRACTUAL/CONSULTANT (Includes Travel, Lodging, and Meal Costs, if applicable.)

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST
NAME: TITLE:				\$0
NAME: TITLE:				\$0
NAME: TITLE:				\$0
NAME: TITLE:				\$0
SUBTOTAL OF CONTRACTUAL/CONSULTANT COSTS:				\$0

CONSULTANT/CONTRACTOR TRAVEL EXPENDITURES	NUMBER OF DAYS	AIRFARE	OR MILEAGE COSTS	LODGING COSTS (INCLUDE TAX)	MEAL COSTS	OTHER TRAVEL COSTS	TOTAL COSTS
Origination: Destination:							\$0
Origination: Destination:							\$0
Origination: Destination:							\$0
Origination: Destination:							\$0
SUBTOTAL OF CONSULTANT/CONTRACTOR TRAVEL COSTS:							\$0

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

600. CONTRACTUAL/CONSULTANT CATEGORY TOTAL: \$0

Project Narrative

The Town of Gramercy Police Department's general operating budget will not allow for major capital purchases such as video cameras. The department would like to purchase in car video systems for each patrol unit. To fund this project, the department would have to cost cutting measures, mainly reduction in hours, of part time employees. Should our department be awards Recovery Funds, the department would be able to purchase the camera systems, and with having to redirect nearly \$15,000 for the salary line item budget, thus not having to cut part time hours.

Sgt. Ordeneaux (Project director) shall purchase, maintain, and archive all records relating to this project. Sgt. Ordeneaux has the clerical support to achieve this task. Drawdown shall be made in conjunction with the "Town Clerk". The Town clerk has 20 plus years of experience in municipal accounting, and grants.

The cameras will be acquired in compliance with Louisiana Public Bid law. With notification of award, the purchase of the cameras shall be made within 303 days. Upon receipt of the cameras, the department shall self install the equipment with in tow weeks. The departments FY09-10 budget shall reflect awarding of funds, leaving the salary portion untouched, mean job preservation shall take effect at the beginning of FY 09-10 (July First 2009).

The project, upon award, will bid bided out for 30 days. Upon award, Purchase shall be contracted. We anticipate a 14 day delivery, and 14 day install period. The job preservation will last all of FY 09-10 July 01 (2009) - June 30 (2010)

Gramercy Police Department

111 East Main Street ~ P.O. Box 1514
Gramercy, Louisiana 70052

Performance Measures

Sunday, May 03, 2009

Re: Edward Byrne Memorial Justice Assistance Grant Formula Program – Local Solicitation

Goal – Purchase of In car Video systems without reduction of Salary Budget

Objective	Performance Measures	Data the grantee provides for 3-month reporting period
Recovery Act: Preserving jobs	Number of jobs saved (by type) due to Recovery Act funding.	a) How many jobs were prevented from being eliminated with the Recovery Act funding during this reporting period? b) How many jobs that were eliminated within the last 12 months were reinstated with Recovery Act funding?
Recovery Act: Creating jobs	Number of jobs created (by type) due to Recovery Act funding.	How many jobs were created with Recovery Act funding reporting period?

Sgt. Jody T. Ordeneaux Jr.
Gramercy Police Department

Gramercy Police Department

111 East Main Street ~ P.O. Box 1514
Gramercy, Louisiana 70052

REVIEW NARRATIVE

Sunday, May 03, 2009

Re: Edward Byrne Memorial Justice Assistance Grant Formula Program – Local Solicitation

Notification to the Mayor and Town Board of Alderman was made by the Chief of Police in on March 20th 2009 of intent to use the Edward Byrne Memorial Justice Assistance Grant Formula Program – Local Solicitation to purchase in car video systems

On April 13th 2009, the Mayor and Town Board of Alderman approved the Solicitation in the month Town meeting.

This meeting was open to the public, and a discussion was held regarding the cameras. There was no public comment regarding the Solicitation.

A copy of the Solicitation is on view for the Public at the Gramercy Police Station, located at 111 East Main Street, Gramercy, La. 70052

On May 3, 2009 the Solicitation will be posted on the Gramercy Police Department web site at gramercypolice.com

Sgt. Jody T. Ordeneaux Jr.
Gramercy Police Department

Gramercy Police Department

111 East Main Street ~ P.O. Box 1514
Gramercy, Louisiana 70052

Edward Byrne Memorial Justice Assistance Grant Formula Program – Local Solicitation

Abstract

Applicant: Town of Gramercy - Police Department

Project Title: Patrol Unit In Car Video Funding

Goal: Purchase of in car Video systems without reduction of Salary Budget

Strategies: The department shall apply for federal funds to equip all patrol units with video systems. The intent is to equip all units at once, without having to cut funds in other places such as part time officers salaries.

Deliverables: 6 in car video systems.

Coordination Plans: Sgt. Ordeneaux and the "Town Clerk" will coordinate records, financial transactions, and purchases. Sgt. Ordeneaux shall file all required reports. Sgt. Ordeneaux and the Chief of Police shall coordinate all installation of Hardware.

