

SECTION I: Requesting Agency Information

Agency Name City of Hollywood Police Department
 Total Amount Requested \$6,978.43
 Grant Point of Contact (POC) Micheline Vitale
 Contact Information for Grant POC (phone) (954) 967-4662
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SECTION II: Budget Narrative and Worksheet

Each category should include a narrative explanation to identify how requested funds apply to the intended purposes of the award. Additionally, each category should provide line item cost detail with calculations for how amounts were derived.

A. PERSONNEL (Salaries and Benefits)

Budget Narrative for Salaries/Benefits Category: Describe the number and functions of the positions being paid for in relation to the deliverables for the project.

Overtime Salaries - List each group of positions by activity and title. Show the overtime hourly rate with the total number of overtime worked on that activity during the eligible period. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the organization.

| Description of Activity (SWAT, Motors, Intelligence, etc.) | Title or Employee (deputy, sergeant, analyst, etc.) | OT Rate of Pay | # of Hours | Total Cost |
|---|--|-------------------|---------------|------------|
| SWAT and K-9 | 23 Sworn Personnel | 58.93 | 110 | \$6,482.52 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal PERSONNEL - Salaries | | | | \$ |

Overtime Benefits - Fringe benefits should be based on actual known costs or an established formula for the personnel listed in salaries category (above) and only for the percentage of time devoted to the eligible activities. Benefits for overtime are limited to FICA, Worker's Compensation, Unemployment Compensation and a portion of Retirement, if applicable.

| Description of Benefits Provided | Computation or Rate | Total Cost per Line Item/Service |
|----------------------------------|---------------------|-------------------------------------|
| FICA | \$6,482.52 x .0765% | \$ 495.91 |
| | | \$ |

| | |
|-------------------------------|-------------------|
| Subtotal PERSONNEL - Benefits | \$ |
| TOTAL - Personnel | \$6,978.43 |

B. CONTRACTED SERVICES / CONSULTANTS

Budget Narrative for Contractual Services Category: Provide a description of the contracted product or service, an estimate of the cost and the procurement method used. Also indicate whether the payment method for the contract is fixed rate or unit cost. For consultants, include the name, if known, service provided, hourly or daily fee, and estimated time on the project.

| Name and Title of Vendor/Consultant | Description of Contract or Services Provided | Computation and Method of Payment | Total Cost per Contractor / Service |
|-------------------------------------|--|-----------------------------------|-------------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL - Contracted Services | | | \$0.00 |

C. EXPENSES / SUPPLIES

Budget Narrative for Expense Category: Briefly explain expense/supply purchase and their specific relation to the incident.

Expenses/Supplies - List items by type and include the basis for computation. Supplies include any materials that are expendable or consumed during the course of the response and any equipment under \$5,000 or the agency's documented capital outlay threshold, whichever is lower.

| Description of Item or Groups of Items | Computation | Total Cost |
|--|-------------|---------------|
| | | \$ |
| | | \$ |
| TOTAL – Expenses/Supplies | | \$0.00 |

D. OPERATING / FIXED CAPITAL OUTLAY

Budget Narrative for OCO Category: Briefly explain capital outlay purchases and their specific relation to the incident.

OCO - List non-expendable items having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit, or in excess of the organization's capitalization threshold.

| Item | Computation | Total Cost |
|-------------------------------------|-------------|---------------|
| | | \$ |
| TOTAL – Fixed Capital Outlay | | \$0.00 |

E. OTHER COSTS

Budget Narrative for Other Costs Category:

Other Costs include equipment rental, maintenance and repair, training fees, office rent; utilities; phones; publication expenses; copier rental; and expenses for printed materials, phone charges, etc. This category also includes costs for off-the-shelf computer software and licenses.

Note: For rent/utilities or similar cost-allocated items charged on a monthly or annual basis, the rates or amounts must describe the unit cost methodology or basis for allocating charges to the grant. Amounts must reflect or correspond to the period of service or activities that occurred during the eligible grant period and the subgrantee must maintain records for how they are charged accordingly.

| Description | Calculation | Total Cost |
|----------------------------|-------------|---------------|
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL - Other Costs | | \$0.00 |

Budget Summary: Transfer the totals for each category to the summary chart below. Compute the total direct costs and the total project costs to indicate the amount of federal funds requested and the amount of non-federal matching funds for the project.

| Budget Category | Total |
|--------------------------------------|-------------------|
| A. Personnel (Salaries and Benefits) | \$6,978.43 |
| B. Contractual Services/Consultants | \$0.00 |
| C. Expenses/Supplies | \$0.00 |
| D. Operating/Fixed Capital Outlay | \$0.00 |
| E. Other Costs | \$0.00 |
| Total Funding Request | \$6,978.43 |