Grant Title/Project Name:	Cold Case Task Force and Coalition Project
Department:	Sheriff's Office
Requestor:	Dana Foster
Contact Email:	dfoster@wilco.org
Contact Phone Number:	512-943-1168
Start Date:	10/1/2019
End Date:	9/30/2020
Please select request category:	Computers, monitors, specialized software, scanners, printer, external hard drives, travel expenses, training expenses and a part-time Crime Analyst.
Describe the purpose of the grant in detail to include all requirements.	This project provided funds for the Cold Case Unit have been used for the following expenses: form a regional Cold Case Task Force Coalition; a part-time Crime Analyst; travel expenses; training expenses; and purchasing computers, monitors, specialized software, scanners, printer and external hard drives.
Select the type of grant your department is applying for:	Federal Pass-thru
What is the amount of the grant?	\$100,000.00
Please provide a breakdown of the total cost above.	The following items are included in the budget: \$27,000 for computers (desktop and laptops); \$6,000.00 for monitors; \$5,000.00 for specialized software; \$3,000.00 for scanners and a printer; \$1,000.00 fo external hard drives; \$13,000.00 for travel expenses; \$5,000.00 for training expenses and \$40,000.00 for a part-time Crime Analyst.
Is there a match requirement?	No
Is there a match requirement?  What is the source of the match?	No
·	No Yes
What is the source of the match?  Does the grant cover the cost of the request	
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asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this asset require insurance coverage?	
If yes, what is the estimate of asset insurance coverage?	
Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs.	
How will this asset be funded when the grant ends?	
What is the impact if the grant is not received?	
New Personnel position is:	
Where will this position office?	
Who will this position report to?	
What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function.	
Will this position take over tasks from current County employee?	
If yes, please explain the impact to current employee.	
How will this position be funded when the grant ends?	
Does this position or a similar position currently exist within the department?	
If "yes" how many of these similar positions exist	
Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice).	
Describe how workload will be accomplished/re- allocated should grant not be approved.	
List other similar items in the County and/or region and if they available for use?	N/A
How is this item request different from any similar assets currently in the County and/or region?	N/A
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?	N/A
Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	N/A
Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	N/A
Where will the item be stored?	All items will be stored in existing facilities within the Sheriff's Office.
What is the useful life of the item?	The software is license-based and has an annual renewal. The electronic equipment is expected to be in working order for at least 4 years.
Will other agencies be billed for the use of this item	

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(e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this item require insurance coverage?	No
Will this item require any form of licensing?	No
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	N/A
How will this item be funded when the grant ends?	Funds for items within this budget will be requested through the normal budget process.
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	N/A
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	N/A
What is the cost and frequency to maintain/update the additional equipment?	N/A
What is the impact of this grant application on other internal/county departments?	Approximately 35 hours for Information Technology Services to obtain quotes and install all equipment. Required reporting and tracking of finances traditionally needed for grants.
If yes, what is the estimate of that license fee?	
If yes, what is the estimate of insurance coverage?	
Will a replacement be requested from general funds when useful life has been exhausted? (OR)	Yes
If yes, how much is the match amount?	
ID	54
Version	1.0
Attachments	False
Created	7/22/2020 5:24 PM
Created By	Dana Foster
Modified	7/22/2020 5:24 PM
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