

Grant Title/Project Name:	Night Vision
Department:	Sheriff's Office
Requestor:	Dana Foster
Contact Email:	dfoster@wilco.org
Contact Phone Number:	512-943-1168
Start Date:	10/1/2025
End Date:	9/30/2026
Please select request category:	Asset
Describe the purpose of the grant in detail to include all requirements.	Purchase 13 night vision goggle sets for SWAT team use.
Select the type of grant your department is applying for:	State
What is the amount of the grant?	\$139,055.00
Please provide a breakdown of the total cost above.	13 night vision goggles - \$130,000; 26 black out training filters - \$1,690; 13 breakaway base/magnet - \$7,215. Total of \$139,055.
Is there a match requirement?	No
What is the source of the match?	
Does the grant cover the cost of the request 100%?	Yes
If not, how much is left unpaid?	
What is the plan to obtain grants/funds for the remaining amount?	
List other similar assets in the County and/or region and if they are available for use?	We are in the process of purchasing goggles for part of the SWAT unit through the FY2024 version of this grant. The items requested with this grant will provide the remaining goggles. There are no comparable items available to the SWAT unit.
How is this asset request different from any similar assets currently in the County and/or region?	NA
What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset?	These would be used for high-risk, nighttime operations.
How often do these events occur?	Approximately 38 per year
Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel?	N/A
Where will the asset be stored?	Each SWAT member will be issued a set.
What is the useful life of the asset?	Approximately 10 years.

Will a replacement be requested from general funds when useful life has been exhausted?	No
Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	NA
Does this asset require insurance coverage?	No
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.	No
How will this asset be funded when the grant ends?	Grants will be pursued. If funds are not awarded, replacements will be sought through the normal budget process.
What is the impact if the grant is not received?	Without the use of night vision during nighttime operations, there is lower effectiveness and a higher risk to law enforcement and the public.
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 are available for use?	
How is this item request different from any similar assets currently in the County and/or region?	
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?	

Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	
Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	
Where will the item be stored?	
What is the useful life of the item?	
Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this item require insurance coverage?	
Will this item require any form of licensing?	
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	
How will this item be funded when the grant ends?	
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	NA
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	NA
What is the cost and frequency to maintain/update the additional equipment?	NA
What is the impact of this grant application on other internal/county departments?	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)	
If yes, how much is the match amount?	
Please identify any known decrease in funding at this time.	NA
Is this a new program to your department/office?	Yes
Please provide data points to be collected to show program success	Data collected will include the number of night vision goggles ordered, received, the number of people they are issued to, and trained in the use of them.
Please show historical data points or performance measures, statistics, services provided, etc. or any/all updates for re-application	
ID	125
Version	2.0
Attachments	False
Created	3/20/2024 11:21 AM

Created By	Dana Foster
Modified	3/4/2025 1:30 PM
Modified By	Dana Foster