



Small, Rural, and Tribal Body-Worn Camera Program

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Overview

The Bureau of Justice Assistance (BJA) of the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) and Justice & Security Strategies (JSS) are seeking applications for a federal micro-grant program that funds the implementation or expansion of body-worn camera (BWC) programs for small, rural, and tribal law enforcement agencies (SRT).

The anticipated total amount to be awarded under this competitive microgrant solicitation is \$7,650,000.

Eligible Applicants

The following agencies are invited to apply for this micro-grant program:

- All publicly funded law enforcement agencies with 50 or less full-time sworn officers; or
- All publicly funded rural law enforcement agencies*¹; or
- All Federally recognized tribal law enforcement agencies.*

Other

Law enforcement agencies seeking support for their BWC programs but that do not qualify under this micro-grant are encouraged to apply for BJA's FY 2021 Body-Worn Camera Policy and Implementation Program to Support Law Enforcement Agencies which can be found at the following link: <https://bja.ojp.gov/funding/opportunities/o-bja-2021-131001>.

BJA and JSS may elect to fund applications submitted under this solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Contact Information

If you have any questions on the SRT program or application process, please email info@srtbwc.com or call 888-235-0565.

¹ Agencies denoted with an asterisk (*) may have more than 50 sworn officers and remain eligible for the micro-grant program.

Submission Information

Applicants are invited to apply for this micro-grant program through an online application which can be accessed through the following link: www.srtbwc.com.

If an agency is not able to submit the application via the online platform, then they can request an editable PDF by emailing info@srtbwc.com or calling 888-235-0565. Once completed, the agency will email a copy of the completed PDF application to info@srtbwc.com. The subject line of that email should read “BWC Micro-Grant Proposal Submission – [Agency Name, State]”. Please replace [Agency Name, State] with your specific agency name and state in the subject line.

To be considered timely, the full application must be received with a timestamp by the application deadline.

We anticipate that this will be a highly competitive solicitation, and applicants are strongly encouraged to apply and submit before the deadline. Once this application deadline has closed, all applications will be reviewed by BJA and JSS.

As part of the initial review process, an applicant will receive application status and notifications through the online submission portal. If an applicant has emailed a completed PDF application as their submission, they will be notified of next steps via the email address provided.

Contents

Program Description	4
Overview.....	4
Statutory Authority	4
Specific Information	4
Goals, Objectives, Deliverables, and Timeline.....	5
Goals	5
Objectives	5
Deliverables	5
Subaward Information	6
Availability of Funds	6
Types of Awards.....	6
Cost Sharing or Matching Requirement.....	6
Eligibility Information	6
Application and Submission Information	6
Overview.....	6
How to Apply.....	7
Application Review Information	7
Review Criteria	7
Merit Review Criteri	7
Other Review Criteria/Factors	7
Review Process	8
Subaward Administration Information	8
Administrative, National Policy, and Other Legal Requirements.....	8
Other Information	8
Freedom of Information and Privacy Act (5 U.S.C. 552 and 5 U.S.C. 552a).....	8
Appendix A: Detailed Application Instructions.....	9

Program Description

Overview

The Bureau of Justice Assistance (BJA) of the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) and Justice & Security Strategies (JSS) are committed to advancing work that promotes civil rights, increases access to justice, supports crime victims, protects the public from crime and evolving threats, and builds trust between law enforcement and the community.

The purpose of this micro-grant program is to fund the purchase or lease of body-worn cameras (BWCs) that are implemented as part of comprehensive BWC programs. Law enforcement agencies across the country and worldwide are using body-worn cameras as a promising tool to improve law enforcement interactions with the public. Some preliminary evidence indicates that the presence of BWCs helps strengthen accountability and transparency, and can assist in deescalating conflicts, resulting in more constructive encounters between the police and members of the community.

Funding under this program supports agencies seeking to establish or expand comprehensive BWC programs and have specified plans to implement this technology in a manner that maximizes the benefits of BWCs.

BWC programs are an important tool that could be an integrated part of a jurisdiction's holistic problem-solving and community-engagement strategy, helping to increase both trust and communication between the police and the communities they serve. BWCs can be highly effective, providing an objective audio and visual record of interactions that can capture evidence in the event of a crime, police-citizen interaction, or use-of-force incident.

Statutory Authority

Any awards under this solicitation would be made under statutory authority provided by the Consolidated Appropriations Act, 2020, Pub. L. No. 116-93, 133 Stat 2317, 2408.

Specific Information

Funds must be used to purchase or lease body-worn cameras and require a 1:1 (dollar-for-dollar) match by the grantee. Funds proposed, both federal and matching, may include expenses reasonably related to BWC program implementation. Besides the purchase or lease of BWCs themselves, allowable expenses include, but are not limited to, personnel to support the program, the cost of developing training on BWC use, and related technology costs such as infrastructure enhancements, licensing fees, and costs of processing digital media. Federal funds shall not be used to pay for data storage costs associated with body-worn camera footage except as specified below.

Data Storage Costs: To ensure agencies establish program continuity, the micro-grant program does not allow for federal reimbursement of data storage costs. However, BJA and JSS recognize that BWC systems are often bundled or sold as software-as-a-service (SaaS) with no line-item distinction of data storage costs; therefore, procurements with bundled costs (specifically no line-item storage costs) are permissible for reimbursement, and the agency will not be asked to break out the costs.

Reimbursement for Previously Purchased Cameras, Other Equipment, and Contracts: As described above, awards to subrecipients must support new or expanding BWC programs that include the purchase or lease of BWCs during the grant period. No funds under this program may be used for the reimbursement of equipment or related costs procured prior to the subaward.

No individual applicant may exceed the \$2,000 per BWC funding cap. This represents the cap on the federal award and does not mean that applicants should expect to spend \$2,000 on each BWC. This is a cap on the full program implementation, which may include funding for related equipment, officer training, or BWC administrative personnel. Applicants may request less than the \$2,000 per BWC funding cap maximum consistent with project scope and as an illustration of cost efficiencies.

NOTE: Applicants that are seeking to fund BWC program development activities but have no plans to purchase or lease BWCs will not be considered for funding.

The following example illustrates the \$2,000 per BWC funding cap:

A law enforcement agency with 15 full-time officers would like to establish a BWC program. Under this solicitation, the agency is allowed to seek grant funding of up to \$30,000 – which is calculated by \$2,000 * 15 officers.

For more information on the match calculations, please see p.6 of BJA’s FY 2021 Body-Worn Camera Policy and Implementation Program to Support Law Enforcement Agencies solicitation which can be found at <https://bja.ojp.gov/funding/opportunities/o-bja-2021-131001>.

Goals, Objectives, Deliverables, and Timeline

Goals

The goals of this program are to support the purchase or lease of BWCs by law enforcement agencies and to ensure that they are deployed as part of a comprehensive body-worn camera program that embodies evidence-based and problem-solving approaches. To achieve comprehensive approaches, agencies should allow broad stakeholder input into program development, develop plans to integrate BWC technology within the agency’s operational framework, enhance mutual trust between officers and the community, and promote organizational efficiency.

Objectives

- Establish a working relationship with the funding agency and its technical and training assistance partners to assure that comprehensive and deliberate BWC policies are developed and implemented.
- Assure that all BWC policies and practices are consistent with applicable state and local laws.
- Develop a planned and phased approach to implementation that achieves broad support from prosecutors and other criminal justice stakeholders, and leverages partnership input to address policy, training, deployment, and procurement of BWCs.
- Implement operational procedures and tracking mechanisms that address the use, review, access, storage, retention, redaction, and deletion of digital evidence media (DEM).
- Demonstrate commitment to incorporating the evidentiary value of BWCs and DEM into daily administrative and field operations in a manner that promotes improvements in criminal justice outcomes, including improvements in officer and citizen safety.
- Establish training protocols for officers, supervisors, and administrators on BWC use and policy.
- Address access to and sharing of BWC footage by agency personnel, prosecutors, other criminal justice stakeholders, and the community.

Deliverables

The following deliverables will be required of all awardees:

- Completion of quarterly reporting requirements.
- Documentation of comprehensive BWC policy development.

- Procurement of BWCs, and any other funding equipment and services, in a manner compliant with federal and local procurement guidelines.
- Completion of a final subaward exit process.

Subaward Information

Availability of Funds

This solicitation, and subawards under this solicitation, are subject to the availability of appropriated funds and to any modifications or additional requirements that may be imposed by the agency or by law. In addition, nothing in this solicitation is intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against JSS or the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Types of Awards

BJA and JSS expect to make subawards under this solicitation. Sub awardees will be required to follow all applicable prime award federal requirements. For more information, please see the [OJP Grant Application Resource Guide | Office of Justice Programs](#).

Cost Sharing or Matching Requirement

This solicitation requires a dollar-for-dollar cash or in-kind match. This means that the applicant must match one dollar for every dollar of federal funds requested. See [OJP Grant Application Resource Guide | Office of Justice Programs](#) for additional information on this match requirement.

Eligibility Information

To be eligible for this micro-grant program, an agency must satisfy one of the following conditions:

- A publicly funded law enforcement agency with 50 or less full-time sworn officers; or
- A publicly funded rural law enforcement agency²; or
- A Federally recognized tribal law enforcement agency.*

To determine if your agency qualifies as rural, BJA and JSS will use the Health Resources and Services Administration (HRSA)³ designation of rurality which can be found at the following link: <https://data.hrsa.gov/tools/rural-health>.

At this website, you will type in your agency's address or county information. You will then be shown an indicator of "yes" or "no" if your agency has been designated as rural according to HRSA. If your agency does not qualify as rural as indicated by a "no" response from the HRSA website, then your agency is not eligible for this micro-grant solicitation under the rural criteria.

Application and Submission Information

Overview

The application for this micro-grant program is designed to be user-friendly. It consists of approximately 30 questions requiring yes/no responses, multiple choice answers with drop-down menus, brief narratives,

² Agencies denoted with an asterisk (*) may have more than 50 sworn officers and remain eligible for the micro-grant program.

³ The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services which has provided federal funding to many rural areas. For more information on HRSA and its rural designations, please visit the following website: <https://www.hrsa.gov/>.

and a detailed budget section. Each question must be answered to submit the application and meet the basic minimum requirements (BMR) to advance to review and receive consideration for funding.

As part of the application, agencies will be asked to address questions related to the following key areas for their proposal and BWC program:

- Description of the Issue
- Project Design and Implementation
- Capabilities and Competencies
- Plan for Collecting the Data Required for this Solicitation’s Performance Measures
- Budget and Budget Narrative

How to Apply

To access the SRT BWC Micro-grant program, please go to www.srtbwc.com and provide your agency contact information. Upon registration at the SRTBWC website, a link will be provided to the online application kit. The link will also be sent to the email address provided.

Upon clicking on the link, an agency will begin the process to complete the online application kit. The agency will be asked to create a profile with a username and secure password. They will be able to access the application kit upon establishing their profile and contact information. The agency will be able to use these login credentials to edit, save, submit and access their application throughout the subaward process.

While JSS and BJA **strongly** encourage agencies to apply through the online platform, if an agency is not able to do so, they will be able to request an editable PDF by emailing info@srtbwc.com or calling 888-235-0565. Once completed, the agency will email a copy of the completed PDF application to info@srtbwc.com. The subject line of that email should read “BWC Micro-Grant Proposal Submission – [Agency Name, State]”. Please replace [Agency Name, State] with your specific agency name and state in the subject line.

Please note that BJA and JSS may ask for additional information at any time from the applicant.

Application Review Information

Review Criteria

Merit Review Criteria

Applications that meet basic minimum requirements will be evaluated based on a vigorous scoring system. The questions in the application are designed to obtain critical information in the below listed core areas. Applications will be evaluated on how the proposed program addresses the following criteria:

- Statement of the Problem/Description of the Issue
- Project Design and Implementation
- Capabilities and Competencies
- Plan for Collecting the Data Required for this Solicitation’s Performance Measures
- Budget
- Program Continuity

Other Review Criteria/Factors

Other important considerations for BJA and JSS include geographic diversity, strategic priorities, available funding, past performance, and the extent to which the Budget Forms and Budget Narratives

accurately explain project costs that are reasonable, necessary, and otherwise allowable under federal law and applicable federal cost principles.

Review Process

All applications that meet eligibility and basic minimum requirements will be evaluated by BJA and JSS. Although specific requirements may vary, the following are common requirements applicable to all solicitations for funding under OJP programs:

- The application must be submitted by an eligible type of applicant.
- The application must request funding within programmatic funding constraints (if applicable).
- The application must be responsive to the scope of the solicitation.
- The application must include all items necessary to meet the basic minimum requirements.

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, BJA and JSS also review information related to the degree of risk posed by the applicant.

Subaward Administration Information

Administrative, National Policy, and Other Legal Requirements

If selected for funding, the Sub Awardee must comply with all Administrative, National Policy, Subaward, and other Legal requirements as required by BJA and JSS. For additional information, see the [OJP Grant Application Resource Guide](#).

Other Information

Freedom of Information and Privacy Act (5 U.S.C. 552 and 5 U.S.C. 552a)

See [OJP Grant Application Resource Guide](#) for information on Freedom of Information and Privacy Act (5 U.S.C. 552 and 5 U.S.C. 552a).

Appendix A: Detailed Application Instructions

The detailed application instructions provide a question-by-question review of the SRT BWC application. These instructions are meant to provide additional information and clarification to the questions within the application. As questions from applicants are fielded by the SRT team, these instructions may be updated.

Profile:

When you enter the application, you will be asked to create a user profile in order to submit through the online platform. The user profile will contain the following information: First and Last Name; Title, Rank or Agency Role; E-mail Address; Phone Number; and lastly, current Address Information (Street, City, State, Zip.)

Application:

For the Small, Rural, and Tribal Body-Worn Camera Program micro-grant, the application consists of approximately 30 questions requiring yes/no answers, multiple choice answers with drop-down menus, brief narratives, and a budget section. All questions are mandatory in order to submit a completed application. For some of the questions, additional follow-up questions may appear based on your agency's previous response. This allows us to obtain additional information regarding a certain topic/area. Within the framework of this document, these follow-up questions are denoted with an asterisk (*).

Each question and response options is provided below with a description, indicating the intent of the question and/or explain the information further. For any additional clarifications, please email info@srtbwc.com or call 888-235-0565.

Agency Information

Question	Response Options	Description
Agency Name	[Dropdown of agencies]	Please select your agency's name. If your agency is not listed in the dropdown, please type "Other" and select "Other" from the dropdown list. <i>The system will display the information on file for your agency. Please confirm the address information for your agency or provide updated information in the text fields.</i>
Agency Name*	[Text Entry]	If "Other" was selected from the Dropdown list, please enter the name of your law enforcement agency.
Agency Address	[Text Entry]	Please enter or confirm the street address for where your law enforcement agency is currently located.
Agency City	[Text Entry]	Please enter or confirm the address information for what city your law enforcement agency is currently located.
Agency State	[Text Entry]	Please enter or confirm the address information for what state your law enforcement agency is currently located.
Agency Zip	[Text Entry]	Please enter or confirm the address information for what zip code your law enforcement agency is currently located.
Is the agency address correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please confirm if the address information that appears from the dropdown selection is correct. If adjustments need to be made, please edit the information as needed. <i>This question will only appear for those using the online platform.</i>
What is your agency ORI?	[Text Entry]	Please enter your agency's Originating Agency Identifier (ORI). This is a nine-character identifier containing both alpha and numeric characters assigned by Federal Bureau of Investigations (FBI) Criminal Justice Information System (CJIS) which validates legal authorization to access Criminal Justice Information (CJI) and identifies the agency in all transactions. If you do not have an ORI, please write N/A.
Which of the following best describes your agency?	<i>Please select only one.</i> <input type="checkbox"/> Municipal Police Agency <input type="checkbox"/> County Police Agency <input type="checkbox"/> County Sheriff's Department <input type="checkbox"/> Tribal Law Enforcement (Federally recognized) <input type="checkbox"/> Other	Municipal police are responsible for patrol and investigations for a single town or city.
		County police are responsible for patrol and investigations for a county (or counties).
		County sheriff's departments are responsible for patrol of a county. They may also operate the jails and/or courts within that county.
		According to the Bureau of Indian Affairs, a Federally recognized tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs. Federally recognized tribes are recognized as possessing certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States.
		An "Other" response indicates that your agency is not a Municipal Police Agency, County Police Agency, County Sheriff's Department, or Tribal Law Enforcement (Federally recognized).

* Please specify agency type.	[Text Entry]	If you responded “Other” to the question listed above, please provide a brief description of your agency type. <i>There is a word limit of 100 words for this response.</i>
Which of the following descriptions is applicable to your agency?	<p><i>Please select all that apply.</i></p> <p><input type="checkbox"/> Small Agency (1 – 10 current sworn officers)</p> <p><input type="checkbox"/> Small Agency (11 – 50 current sworn officers)</p> <p><input type="checkbox"/> Rural Agency</p> <p><input type="checkbox"/> Tribal Law Enforcement (Federally recognized)</p> <p><input type="checkbox"/> None of the above</p>	<p>As defined for this micro-grant program, a small agency includes 1-10 sworn officers or deputies that are currently employed by the agency.</p> <p>As defined for this micro-grant program, a small agency may also include 11-50 sworn officers or deputies that are currently employed by the agency.</p> <p>As defined for this micro-grant program, a rural agency is determined by the Health Resources and Services Administration (HRSA) designation of rurality. The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services which has provided federal funding to many rural areas. For more information on HRSA and its rural designations, please visit the following website: https://www.hrsa.gov/.</p> <p>If you would like to know if your agency qualifies as rural, please visit the following link: https://data.hrsa.gov/tools/rural-health. At this website, you will type in your agency’s address or county information. You will then be shown an indicator of “yes” or “no” if your agency has been designated as rural according to HRSA. If your agency does not qualify as rural as indicated by a “no” response from the HRSA website, then your agency is not eligible for this micro-grant solicitation <i>under the rural criteria</i>.</p> <p>According to the Bureau of Indian Affairs, a federally recognized tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs.</p> <p>Furthermore, federally recognized tribes are recognized as possessing certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States.</p> <p>If your agency is ‘None of the above’-mentioned agency types, then unfortunately, your agency is not eligible for this BWC micro-grant program.</p> <p>As an alternative potential grant opportunity for your agency, please find more information on BJA’s FY 2021 Body-Worn Camera Policy and Implementation Program to Support Law Enforcement Agencies at the following link: https://bja.ojp.gov/funding/opportunities/o-bja-2021-131001</p>
How many full-time sworn police officers/deputies does your agency currently employ?	[Text Entry]	As defined for this micro-grant program, full-time sworn officers refer to a full-time equivalent position (FTE). The calculation of full-time equivalent (FTE) is an employee's scheduled hours divided by the employer's hours for a full-time workweek. When an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs.

Does your agency currently use body-worn cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current use of body-worn cameras is defined as deployment of body-worn cameras in the field while your officers are performing patrol and other law enforcement duties.
How many body-worn cameras does your agency have?*	[Text Entry]	Please tell us how many body-worn cameras your agency currently has in use in the field.
What was the source of funding for those cameras?*	<i>Please select all that apply.</i> <input type="checkbox"/> Federal funding <input type="checkbox"/> State funding <input type="checkbox"/> Local funding <input type="checkbox"/> Private funding <input type="checkbox"/> Other	Federal funding refers to funds originating from any branch of the United States government.
		State funding refers to funds originating from any part of your state's government.
		Local funding refers to funds originating from your local government - county, city, village, township, parish, borough, tribal council, etc.
		Private funding refers to funds obtained through any philanthropist, foundation, corporation, individual or other non-governmental entity.
		If your agency has selected "Other," please describe the other source of funds you received to help cover the costs of your body-worn cameras. <i>There is a word limit of 100 words for this response.</i>
Please provide a brief description of the source of funding.*	[Text Entry]	If your agency has selected "Other," please describe the other source of funds you received to help cover the costs of your body-worn cameras. <i>There is a word limit of 100 words for this response.</i>
Under this grant program, how many cameras do you anticipate needing?	[Text Entry]	Please enter the number of body-worn cameras your agency anticipates needing under this grant program.
Who oversees all of your agency operations (i.e., Chief, Sheriff, Commissioner, Director, etc.)?	<input type="checkbox"/> Same as Profile <input type="checkbox"/> Different from Profile	<p>Please provide the requested information for the leader of your agency.</p> <p>Within the online application, you can use the information from your profile by selecting "Same as Profile." However, if the leader of your agency's information is not the same as the applicant profile, please select "Different from Profile" and provide the requested information.</p>
Operations Contact First Name*	[Text Entry]	Please provide the first name of the Operations Contact.
Operations Contact Last Name*	[Text Entry]	Please provide the last name of the Operations Contact.
Operations Contact Title*	[Text Entry]	Please provide the title of the Operations Contact.
Who is the Point of Contact for this application?	<input type="checkbox"/> Same as Profile <input type="checkbox"/> Different from Profile	<p>Please provide the requested information on who we should contact for any application questions, clarifications, notifications or updates.</p> <p>Within this online application, you can use the information from your profile by selecting "Same as Profile." However, if the POC for your agency's information is not the same as the applicant profile, please select "Different from Profile" and provide the requested information.</p>

POC First Name*	[Text Entry]	Please provide the first name of the Point of Contact.
POC Last Name*	[Text Entry]	Please provide the last name of the Point of Contact.
POC Rank or Agency Role*	[Text Entry]	Please provide the rank or agency role of the Point of Contact.
POC Address*	[Text Entry]	Please provide the street address of the Point of Contact.
POC City*	[Text Entry]	Please provide the city of the Point of Contact.
POC State*	[Dropdown of states]	Please provide the state of the Point of Contact..
POC Zip Code*	[Text Entry]	Please provide the zip code of the Point of Contact.
POC Direct Phone Number*	[Text Entry]	Please provide the direct phone number of the Point of Contact.
POC E-mail Address*	[Text Entry]	Please provide the e-mail address of the Point of Contact.
Did an outside entity, such as a consultant or vendor, assist with the completion of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if any individual or organization, outside of your own agency, assisted with the completion of this micro-grant application. This includes paid or unpaid assistance.
Please indicate what entity provided the assistance.*	<i>Please select all that apply.</i> <input type="checkbox"/> City or Local Government Grant Writer <input type="checkbox"/> External Grant Writer or Consultant <input type="checkbox"/> Vendor of Body-Worn Cameras <input type="checkbox"/> Other	If you received assistance in the completion of this application, please indicate who or what assistance you received: A city or local government grant writer is a person employed by the city or local government who is tasked with completing grant applications on behalf of the city or local governing body. An external grant writer or consultant is an individual who is not employed by the local government and has been tasked with assisting in the completion of grant applications on behalf of your agency. A vendor of body-worn cameras is an individual (or organization) who acts on behalf of a company that develops, sells and/or leases body-worn cameras or its associated equipment. If you have selected “Other” for this question, please provide information on the “Other” type of assistance you received in the development of this application. <i>There is a word limit of 100 words for this response.</i>
Please explain the assistance provided by the entity.*	[Text Entry]	Please explain the assistance you received from the entity you selected in the previous question. <i>There is a word limit of 100 words for this response.</i>
Can your agency commit to providing matching funds for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	This solicitation requires a 50 percent cash or in-kind match. This means that your agency is required to provide a \$1:\$1 match. When a grant application requires matching funds, every dollar requested from the funding source must be matched with funds/ monies or in-kind resources from the agency’s budget and/or state, local or private sources. See OJP Grant Application Resource Guide ¹ for additional information on this match requirement.

¹ <https://www.ojp.gov/funding/apply/ojp-grant-application-resource-guide>

Body-Worn Camera Information

Question	Response Options	Description
<p>The following statements are common reasons that agencies would like to purchase body-worn cameras.</p> <p>Please identify the top three statements that best fit your agency's interest in BWCs.</p> <p>1. Highest priority</p> <p>2. Next highest priority</p> <p>3. Third highest priority</p>	<p><input type="checkbox"/> Purchasing BWCs will address state or local legal requirements or mandates for body-worn cameras</p> <p><input type="checkbox"/> BWCs will assist in reducing criminal activity within my jurisdiction</p> <p><input type="checkbox"/> BWCs provide evidence for the investigation or prosecution of crimes</p> <p><input type="checkbox"/> BWCs prevent disorder (gangs/drug sales/etc.) within our community</p> <p><input type="checkbox"/> BWCs will assist in traffic enforcement</p> <p><input type="checkbox"/> BWCs will protect the civil rights of citizens</p> <p><input type="checkbox"/> BWCs will protect citizens from discrimination or harassment</p> <p><input type="checkbox"/> BWCs will provide accountability for police activities</p> <p><input type="checkbox"/> BWCs will support crime victims</p> <p><input type="checkbox"/> BWCs will serve as a de-escalation tool</p> <p><input type="checkbox"/> BWCs will help to resolve citizen complaints</p> <p><input type="checkbox"/> BWCs will assist in reducing lawsuits against my agency</p> <p><input type="checkbox"/> BWCs will encourage officer compliance with my agency's policies and procedures</p> <p><input type="checkbox"/> BWCs will enable us to collect footage for officer training purposes</p> <p><input type="checkbox"/> Other</p>	<p>Please select 3 responses/ statements and rank them in order of highest priority to third highest priority, in accordance with your agencies priorities for the agency's BWC program.</p> <p>Please list the "Other" reason that you would like to provide. <i>There is a word limit of 100 words for this response.</i></p>
<p>Does your state require body-worn cameras for officers?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Please answer yes if there is currently an enacted law/ mandate requiring law enforcement agencies in your state to obtain body-worn cameras.</p> <p>Please answer no if there is not currently an enacted law/ mandate requiring law enforcement agencies in your state to obtain body-worn cameras.</p> <p>I am unsure of the status of my state's BWC laws/ mandates..</p>
<p>Please briefly describe how this requirement affects your agency.*</p>	<p>[Text Entry]</p>	<p>If yes, please explain how this mandate impacts your agency. <i>There is a word limit of 100 words for this response.</i></p>
<p>Do you know who will serve as the Project Director for your BWC program?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If your agency has identified specific staff person to be the Project Director (i.e., provide management oversight of the project) for your BWC program,</p>

		please answer “yes.” If no specific staff person has been identified, please answer “no.”
Who in your agency will be serving as the Project Director (i.e., provide management oversight of the project) for this application?*	<input type="checkbox"/> Same as Profile <input type="checkbox"/> Different from Profile	<p>Please provide the information on who will serve as the Project Director for your BWC program.</p> <p>Within the online application, you can use the information from your profile by selecting “Same as Profile.” However, if the Project Director of your BWC program is not the same as the applicant profile, please select “Different from Profile” and provide the requested information below.</p>
Project Director First Name*	[Text Entry]	Please provide the first name of the Project Director.
Project Director Last Name*	[Text Entry]	Please provide the last name of the Project Director.
Project Director Rank or Agency Role*	[Text Entry]	Please provide the title of the Project Director.
Approximately how long has the Project Director served in your agency?*	<i>Please check only one.</i> <input type="checkbox"/> Less than a year <input type="checkbox"/> 1 – 4 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 or more years	For this question, we would like to know how long the Project Director has been employed by your agency.
Has the Project Director managed similar technology projects in the past?*	<i>Please select all that apply.</i> <input type="checkbox"/> In-Car Video <input type="checkbox"/> Computer or IT Systems <input type="checkbox"/> Communications Systems (ex. Radios) <input type="checkbox"/> Other <input type="checkbox"/> The Project Director has not managed any similar technology projects in the past.	<p>Please select all of the technology projects that the Project Director has managed in the past. If none of these apply, please select that “The Project Director has not managed any technology projects.”</p> <p>In-Car video refers to ‘Dashboard cameras’ and other in-car video devices.</p> <p>Computer or IT systems refers to technology projects involving computers or IT systems (i.e. online databases, software, records management systems, etc.)</p> <p>Communication Systems refers to things like radio, call systems, messaging systems, emails, etc.</p> <p>If you selected “Other,” please describe any additional technology projects that the Project Director has managed. <i>There is a word limit of 100 words for this response.</i></p>
Does the Project Director have experience with any of the following tasks?*	<i>Please select all that apply.</i> <input type="checkbox"/> Staff Supervision <input type="checkbox"/> Budget Management <input type="checkbox"/> Project Timelines <input type="checkbox"/> Training <input type="checkbox"/> Vendor Relations or Procurement <input type="checkbox"/> Community Relations <input type="checkbox"/> Other <input type="checkbox"/> The Project Director does not have any experience with the above listed tasks.	<p>Please select all of the tasks that the Project Director has managed in the past or that the Project Director has not managed any of these technology projects.</p> <p>Staff Supervision includes the management of employees and contractors as part of daily responsibilities and operations, etc.</p> <p>Budget Management includes oversight of agency funds including, but not limited to personnel, equipment, consultants, etc.</p>

		<p>Project Timelines include oversight and management of projects, goals, objectives, deadlines, and milestones, etc.</p> <p>Training includes responsibilities related to officer recruitment, training, and onboarding, etc.</p> <p>Vendor Relations or Procurement includes working with vendors and/or experience in conducting a competitive solicitation and bid for supplies, equipment, etc. to meet agency needs.</p> <p>Community Relations includes communication and engagement with members of the community or key organizations to support the efforts of your agency, assist in the development of programs, policies, etc.</p> <p>If you selected “Other,” please describe any additional tasks that the Project Director has managed. <i>There is a word limit of 100 words for this response.</i></p>
How does your agency plan to purchase your body-worn cameras?	<p><i>Please select only one.</i></p> <p><input type="checkbox"/> A vendor has already been selected</p> <p><input type="checkbox"/> Seeking pricing from 3 or more vendors</p> <p><input type="checkbox"/> Plan to use a state contract or other procurement vehicle</p> <p><input type="checkbox"/> Other</p>	<p>Your agency has selected the individual or company that will be providing you with BWCs.</p> <p>Your agency plans to obtain prices or cost quotes from three or more companies or individuals.</p> <p>Your agency has plans to use money from a state contract or another procurement vehicle from the state.</p> <p>Please provide information on the “Other” way that you will obtain BWCs for your agency. There is a word limit of 100 words for this response.</p>
Please specify how the agency plans to purchase body-worn cameras.*	[Text Entry]	Please provide information on the “Other” way that you will obtain BWCs for your agency. <i>There is a word limit of 100 words for this response.</i>
How much time will be spent for training on BWCs per officer/deputy before deployment occurs?	<p><i>Please select only one.</i></p> <p><input type="checkbox"/> Less than an hour per officer/deputy</p> <p><input type="checkbox"/> 1 – 5 hours per officer/deputy</p> <p><input type="checkbox"/> 6 – 10 hours per officer/deputy</p> <p><input type="checkbox"/> 10 or more hours per officer/deputy</p>	For this question, we would like to know the number of hours of training you plan to provide to your officers/deputies on body-worn cameras before BWC deployment.
What topics does your agency plan to cover during your BWC training?	<p><i>Please select all that apply.</i></p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> State Statutes</p> <p><input type="checkbox"/> Equipment and Technology Operations</p> <p><input type="checkbox"/> Other</p>	<p>A review of your agency's BWC policy will be part of your training.</p> <p>A review of your agency's state statutes/laws related to BWCs will be part of your training.</p> <p>A review of your agency's equipment and technology training will be part of your training.</p> <p>Please list any other topics your agency plans to cover during training. <i>There is a word limit of 100 words for this response.</i></p>

Please specify other topic(s) your agency plans to cover.*	[Text Entry]	Please describe the other topics your agency plans to cover during training. <i>There is a word limit of 100 words for this response.</i>
What types of training will your agency use?	<p><i>Please select all that apply.</i></p> <input type="checkbox"/> Roll-Call Training <input type="checkbox"/> Academy Training <input type="checkbox"/> Refresher or Annual Trainings <input type="checkbox"/> Other	<p>For this question, please explain what types of training your agency plans to use as part of your BWC training program.</p> <p>Roll-Call training includes training that will be completed in the time before the officers/deputies begin their shift.</p> <p>Academy Training refers to training that will be completed within or by your agency's police academy.</p> <p>Refresher or Annual training includes trainings that will be offered to officers/ deputies as a review of BWC program/ policy updates.</p> <p>Please list any other types of training your agency plans to use. <i>There is a word limit of 100 words for this response.</i></p>
Please specify other types of training your agency will use.*	[Text Entry]	Please list any other types of training your agency plans to use. <i>There is a word limit of 100 words for this response.</i>
What method of training will be used by your agency?	<p><i>Please select all that apply.</i></p> <input type="checkbox"/> Lectures <input type="checkbox"/> Web-based <input type="checkbox"/> Field on-the-job training <input type="checkbox"/> Scenario-based <input type="checkbox"/> Other	<p>Please select the methods of training that will be used by your agency to deploy body-worn cameras.</p> <p>Lecture trainings include the training of officers/deputies on BWC programs provided by in-person instructors in a classroom style setting.</p> <p>Web-based training includes trainings completed online, via video conferences and online submissions.</p> <p>Field on-the-job training is completed when officers are trained on BWCs policy, functionality, and protocols in the field/on-the-job.</p> <p>Scenario-based training is completed when officers/deputies are given different real-world scenarios and learn about BWC protocols within those scenarios.</p> <p>Please list any other methods of training your agency plans to use. <i>There is a word limit of 100 words for this response.</i></p>
Please specify other methods of training your agency will use.*	[Text Entry]	Please list any other methods of training your agency plans to use. <i>There is a word limit of 100 words for this response.</i>

Can your agency commit to the development of a training plan for BWC users that at the minimum includes BWC operations, BWC policy, and any state or local laws and regulations affecting BWC deployment and use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide the best response for your agency regarding your agency’s commitment to the development of a training plan for BWC users, as described in the question.
Does your agency currently have a body-worn camera program or plan for a BWC program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently has a BWC program or detailed plans for a BWC program.
Does your agency have a technology system or a plan for a technology system to manage the BWC footage?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently has a plan to manage and store footage obtained from your body-worn cameras.
Does your agency have a formally approved BWC policy?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently has a formally approved BWC policy.
Does your agency currently employ In-Car Video (ICV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently uses In-Car video or “dashcams.”
Does your agency have a policy for ICV?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently has a policy for its In-Car video system.
Does your agency have a system to manage the ICV footage?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency currently has a system to manage footage obtained from your In-Car Videos.
Has your agency worked with your local or state prosecutor’s office in the development of your body-worn camera program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please answer “Yes” if your agency has worked with your local or state prosecutor's office to develop your BWC program.
		Please answer “No” if your agency has not worked with your local or state prosecutor's office to develop your BWC program.
Has your agency worked with members or organizations within the community in the development of your body-worn camera program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please answer “Yes” if your agency has worked with members or organizations within the community to develop your BWC program.
		Please answer “No” if your agency has not worked with members or organizations within the community to develop your BWC program.

Grant Management Experience

Question	Response Options	Description
Within the last 5 years, has your agency received a federal grant for any purpose, other than the Patrick Leahy Bulletproof Vest Partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	For this question, please let us know if, within the last 5 years, your agency has received a federal grant for any purpose, other than the Patrick Leahy Bulletproof Vest Partnership. Federal grants include funds from any branch of the United States Government.
Approximately, how much in federal funds has your agency received in the past 5 years?*	<i>Please select only one.</i> <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – \$49,999 <input type="checkbox"/> \$50,000+	If your agency has received federal funds in the last five years, please select the option which best indicates the <i>total</i> amount of those funds. An estimate is acceptable.
Did this grant originate from an agency within the U.S. Department of Justice? (i.e., from the Office of Community Oriented Policing Services (COPS), National Institute of Justice (NIJ), Office for Victims of Crime (OVC), the Bureau of Justice Assistance (BJA), Office on Violence Against Women (OVW) and/or Office of Juvenile Justice and Delinquency Prevention (OJJDP)).*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your agency has received federal funds in the last five years, please indicate whether it (they) originated from an agency within the Department of Justice. This includes Office of Community Oriented Policing Services (COPS), National Institute of Justice (NIJ), Office for Victims of Crime (OVC), the Bureau of Justice Assistance (BJA), Office on Violence Against Women (OVW) and/or Office of Juvenile Justice and Delinquency Prevention (OJJDP).
Please provide a brief description of the DOJ funding.*	[Text Entry]	If your agency has received a federal grant originating from the Department of Justice, please describe the purpose and amount. <i>There is a word limit of 100 words for this response.</i>
Has your agency ever received a state or local grant for any purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Please indicate whether your agency has received a grant originating at the state and/or local level.
How much in TOTAL state or local funds has your agency received in the past 2 years?*	<i>Please select one.</i> <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – \$49,999 <input type="checkbox"/> \$50,000+	If your agency has received state or local funds in the last two years, please select the option which best indicates the amount received. An estimate is acceptable.

Please provide a brief description of the funding.*	[Text Entry]	Please provide a brief description of the funding that your agency received from the state and/or local government within the last two years. <i>There is a word limit of 100 words for this response.</i>
Does your agency have a pending application(s) with other potential funding sources for BWC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate whether your agency is currently awaiting a response regarding BWC funding from any other source(s).
If you were to receive funding under this program, how would your agency plan to fund this body-worn camera program after the grant ends?	<i>Please select all that apply.</i> <input type="checkbox"/> Agency budget <input type="checkbox"/> Apply for additional federal or state grants <input type="checkbox"/> Apply for private funds <input type="checkbox"/> We do not have any plans <input type="checkbox"/> Other	<p>BWC programs have ongoing costs associated. Please select all the options that your agency will use to continue funding this BWC program once the grant ends.</p> <p>Agency budget refers to when an agency uses funds from within its own budget to fund the program after the grant ends.</p> <p>Apply for additional federal or state grants means that your agency will seek outside funding from government entities to support the costs of your BWC program after the grant ends.</p> <p>Apply for private funds means that your agency will seek outside funding from private organizations to support the costs of your BWC program after the grant ends.</p> <p>If your agency has not planned a strategy to obtain funds or identified funds to support the BWC program after the grant ends, please select “We do not have any plans.”</p> <p>Please describe the other way that you plan to fund this body-worn camera program after the grant ends. <i>There is a word limit of 100 words for this response.</i></p>
Please specify how the agency plan to fund this body-worn camera program after the grant ends.*	[Text Entry]	Please describe the other strategies that your agency plans to implement to fund this body-worn camera program after the grant ends. <i>There is a word limit of 100 words for this response.</i>

Data Collection and Reporting

Question	Response Options	Description
Will your agency commit to routinely reporting the number of officer-involved citizen complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency is willing to provide routine reporting information on the number of officer-involved citizen complaints.
Is your agency willing to cooperate with a program evaluation or a research study on digital evidence management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency is willing to cooperate with a program evaluation or a research study on digital evidence management. Digital evidence management refers to the data and systems that will be employed to support, sustain, and maintain the collection of your body-worn camera footage.
Will your agency commit to routinely reporting the number of officer-involved uses of force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address whether your agency is willing to provide routine reporting information on the number of officer-involved uses of force.

Project Narrative

Question	Response Options	Description
In this section, please describe how funding from this BWC program will assist each of the following entities: A.) Your agency; B.) Your community; and C.) Your criminal justice partners.	[Text Entry]	<p>Please provide a narrative description of how funding from this BWC program will assist each of the following entities:</p> <p>A.) Your agency; B.) Your community; and C.) Your criminal justice partners.</p> <p><i>There is a word limit of 600 words for this response.</i></p>

Budget:

Personnel and Fringe Benefits

Question	Response Options	Description
Do you plan to support personnel positions with this project, either with grant support directly or through a match?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For this question, please address if your agency will be including personnel time towards this project to be charged through grant funds or matching funds.
How many positions will this grant support directly or through a match?*	[Text Entry]	Please provide the number of personnel positions that your agency will be supporting either with grant funds or through a match.
Personnel Total Cost	[Automated Field Calculations] $\text{Total Cost} = (\text{Position 1 Annual Salary} * \text{Position 1 Percent Time} * \text{Position 1 Years})$	If you are planning to use grant or match funding to support one or more positions, you will need to provide the position title, annual salary, and percent of time to be allocated to the project each year for EACH of the included positions. The total is automatically calculated within the online application.
Personnel Cost Narrative: Describe the responsibilities and duties of the position(s) in relation to fulfilling the project goals and objectives.	[Text Entry]	Please provide a brief description of the tasks and responsibilities to support your agency's body-worn camera program for each of the position(s). <i>There is a word limit of 100 words for this response.</i>
What is your fringe benefit rate?	[Text Entry]	A fringe benefit rate includes expenses for payroll taxes (FICA); health insurance, retirement, worker's compensation, unemployment taxes and other associated benefits provided for employees. Please enter as a percentage. For example, if your fringe rate is 20%, you will enter 20.
What items are within your fringe benefits?	<i>Please select all that apply.</i> <input type="checkbox"/> FICA <input type="checkbox"/> Health Insurance <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability <input type="checkbox"/> Leave/ Holidays	FICA (Federal Insurance Contributions Act) Health Insurance Retirement Unemployment Worker's Compensation Disability Leave/Holidays or PTO

	<input type="checkbox"/> Other	Please indicate what other items are within your fringe benefits.
Please indicate what other items are within your fringe benefits.*	[Text Entry]	Please describe what other items are within your fringe benefits. <i>There is a word limit of 100 words for this response.</i>
Fringe Benefits Total Cost	[Automated Field Calculations] Total Fringe Benefits = Total Personnel Cost*Fringe Benefit Rate	The estimated total of fringe benefits cost will be automatically calculated within the online application.
Personnel & Fringe Benefits Total Cost	[Automated Field Calculations]	The estimated total of Personnel and Fringe Benefits will be automatically calculated within the online application.
Request Amount	[Text Entry]	For this line item, please identify the amount that you are requesting in grant funds for this cost category.
Non-Fed Match Amount	[Text Entry]	For this line item, please identify the amount that you are contributing from your own funding for this cost category.
Request Amount + Match Amount Displayed Should Agree with Total Category Cost Above	[Automated Field Calculations]	The requested funds plus the match funds should equal the total funds for this cost category. The estimated total of Category cost will be automatically calculated within the online application.

Equipment, Supplies and Other

Question	Response Options	Description
Which of the following best describes your agency's current status in the BWC selection or procurement process? Please check only one.	<i>Please select only one.</i> <input type="checkbox"/> With this potential funding, we intend to implement a BWC program but have not explored any supply and equipment options. <input type="checkbox"/> In anticipation of grant funding, we have browsed and/or explored options for BWCs but have not obtained any cost quotes. <input type="checkbox"/> In anticipation of grant funding, we have a specific budget or obtained cost quotes from vendors.	Please select the statement that best applies to your agency's current status in the BWC selection or procurement process.
At this stage, please confirm how many body-worn cameras your agency is seeking through this program.*	[Text Entry]	Since your agency has not selected body-worn cameras for this program, you will complete a simplified budget request. Later, in the review process, your agency may be required to provide more specific information about your camera equipment request, including estimates for the BWC units and associated equipment or estimates for a BWC bundle.

How much do you estimate that your agency will request for each body-worn camera?*	[Text Entry]	Under this program, your agency may request up to \$2,000 per BWC. The \$2,000 should include the costs of the camera and all accompanying equipment, supplies and project support. In addition, your agency will be required to provide a one-to-one match. For example, if you request \$2,000 for a BWC, you will be required to provide a \$2,000 in-kind or cash match.
What is the source of funds for equipment, supplies, and other?*	<i>Please select one.</i> <input type="checkbox"/> Grant funding <input type="checkbox"/> Match funding <input type="checkbox"/> Both sources of funding	Please select whether these items will be funded through grant support or matching funds.
Do you plan to purchase or lease a body-worn camera bundle package?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if your agency plans to buy/lease a body-worn camera bundle. This means that your agency will or has received costs quotes for BWC bundles. Within the cost quotes, components of the body-worn camera equipment, software, upgrades, technology, etc. should be detailed. However, typically, the costs of these components are not broken out by individual costs.
How many cameras will be included?*	[Text Entry]	Please indicate how many cameras will be included as part of your bundle package.
What other items are anticipated to be included in the package?*	<i>Please select all that apply.</i> <input type="checkbox"/> Body-Worn Camera Mounting <input type="checkbox"/> Docking/ Transfer/ Charging Stations <input type="checkbox"/> Software-as-a-service (SaaS) ² <input type="checkbox"/> Wiring and Antennas <input type="checkbox"/> Pairing Device (i.e. phone) <input type="checkbox"/> Shipping <input type="checkbox"/> Support Software (i.e. redaction/transcribing/etc.) <input type="checkbox"/> Software programming <input type="checkbox"/> Maintenance and Upgrade Fees <input type="checkbox"/> Other	Please select all the items that have been included in the cost quotes for your BWC bundle package.
Please specify other items*	[Text Entry]	Please indicate what other items are included within your bundle package. <i>There is a word limit of 100 words for this response.</i>
What is the total estimated cost of the package (total purchase -	[Text Entry]	Please indicate the total estimated cost of the package (total purchase - including all cameras and associated supplies/equipment). This should be the total package cost not the cost per camera. For example, if the quote is \$1,200 per camera/ associated supplies/ equipment and your agency is seeking those items for its 10 sworn officers, the response for this question would be \$12,000.

² To ensure agencies establish program continuity, the micro-grant program does not allow for federal reimbursement of data storage costs. However, BJA and JSS recognize that BWC systems are often bundled or sold as a software-as-a-service (SaaS) with no-line item distinction of data storage costs; therefore, procurements with bundled costs (specifically no line-item storage costs) are permissible for reimbursement, and the agency will not be asked to break out the costs.

including all cameras and associated supplies/equipment)?*		
What individual components do you intend to purchase or lease?*	<p><i>Please select all that apply.</i></p> <input type="checkbox"/> Body-Worn Cameras <input type="checkbox"/> Body-Worn Camera Mounting <input type="checkbox"/> Docking/ Transfer/ Charging Stations <input type="checkbox"/> Pairing Device (i.e. phone) <input type="checkbox"/> Software-as-a-service (SaaS) <input type="checkbox"/> Wiring and Antennas <input type="checkbox"/> Support Software (i.e. redaction/transcribing/ etc.) <input type="checkbox"/> Other	Please indicate what individual components you intend to purchase or lease as part of your body-worn camera program.
Please specify other items*	[Text Entry]	Please indicate what other items are included as individual components. <i>There is a word limit of 100 words for this response.</i>
What is the source of funds for equipment, supplies, and other?*	<p><i>Please select one.</i></p> <input type="checkbox"/> Grant funding <input type="checkbox"/> Match funding <input type="checkbox"/> Both sources of funding	Please select whether these items will be funded through grant support or matching funds.
Please provide a description of all the listed Equipment, Supplies, and Other and how they will support fulfilling the project goals and objectives.	[Text Entry]	Please provide a description of all the listed Equipment, Supplies, and Other and how they will support fulfilling the project goals and objectives. <i>There is a word limit of 100 words for this response.</i>
Equipment, Supplies, and Other Total Cost	[Automated Field Calculations]	This is the total costs for equipment, supplies, and other. The estimated total of Category cost will be automatically calculated within the online application.
Request Amount	[Text Entry]	For this line item, please identify the amount that you are requesting in grant funds for this cost category.
Non-Fed Match Amount	[Text Entry]	For this line item, please identify the amount that your agency is contributing from your own funding or budget for this cost category.
Request Amount + Match Amount Displayed Should Agree with Total Category Cost Above	[Text Entry]	The requested funds plus the match funds should equal the total funds for this cost category. The estimated total of Category cost will be automatically calculated within the online application.

Contracts and Consultants

Question	Response Options	Description
Do you intend to contract with experts (individual consultants or company entities) to assist with the implementation of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if you plan to contract with experts (individual consultants or company entities) to assist with the implementation of your agency's BWC program.
Do you plan to pay one or more individuals, i.e. consultant?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if you plan to pay for the consultant services associated with project implementation and/or maintenance.
How much are you budgeting for experts?*	[Text Entry]	Please provide the estimated total costs allocated towards project services from individual experts/consultants.
Do you plan to hire a company?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if you plan to hire a company to assist with the implementation of your agency's BWC program.
How much do you plan to pay the company?*	[Text Entry]	Please provide the estimated total costs allocated towards project services from the hired company.
What is the source of funds for the experts, i.e. consultants and/or contracts?*	<i>Please select one.</i> <input type="checkbox"/> Grant funding <input type="checkbox"/> Match funding <input type="checkbox"/> Both sources of funding	Please select whether these items will be funded through grant support or matching funds.
Please provide a description of the contracts & consultants and how they will support fulfilling the project goals and objectives.	[Text Entry]	Please provide a description of the contracts & consultants and how they will support fulfilling the project goals and objectives. <i>There is a word limit of 100 words for this response.</i>
Contracts & Consultants Total Cost	[Automated Field Calculations]	This is the total costs for the contracts & consultants. The estimated total of Category cost will be automatically calculated within the online application.
Request Amount	[Text Entry]	For this line item, please identify the amount that you are requesting in grant funds for this cost category.
Non-Fed Match Amount	[Text Entry]	For this line item, please identify the amount that you are contributing from your own funding or budget for this cost category.
Request Amount + Match Amount Displayed Should Agree with Total Category Cost Above	[Automated Field Calculations]	The requested funds plus the match funds should equal the total funds for this cost category. The estimated total of Category cost will be automatically calculated within the online application.

Additional Project Costs

Question	Response Options	Description
Do you have any additional project costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate if there are any other costs associated with the project not identified in previous budget categories.
How much do you plan to spend on the additional costs?*	[Text Entry]	Please estimate the total additional costs associated with this project.
What is the source of funds for this item?*	<i>Please select only one.</i> <input type="checkbox"/> Grant funding <input type="checkbox"/> Match funding <input type="checkbox"/> Both sources of funding	Please select whether these additional costs will be funded through grant support or matching funds.
Please provide a description of how each item described above will support fulfilling the project goals and objectives.	[Text Entry]	Please provide a description of how each item described above will support fulfilling the project goals and objectives. <i>There is a word limit of 100 words for this response.</i>
Total Additional Costs	[Automated Field Calculations]	This is the total of additional costs for this project. The estimated total of Category cost will be automatically calculated within the online application.
Request Amount	[Text Entry]	For this line item, please identify the amount that you are requesting in grant funds for this cost category.
Non-Fed Match Amount	[Text Entry]	For this line item, please identify the amount that you are contributing from your own funding or budget for this cost category.
Request Amount + Match Amount Displayed Should Agree with Total Category Cost Above	[Automated Field Calculations]	The requested funds plus the match funds should equal the total funds for this cost category. The estimated total of Category cost will be automatically calculated within the online application.