

Project Abstract



Part 1: Please identify the applicant point of contact (POC)

OMB No. 1121-0329
Approval Expires 07/31/2016

Applicant POC	
Organization Name	Wilkinson County
POC Name	David Franks
Phone Number	478-946-4303
Email Address	dfranks@wilkinsoncounty.net
Mailing Address	P.O. Box 178 Irwinton, GA 31042

Part 2: Please identify the application

Application Information	
Solicitation Name	Body-Worn Camera Pilot Implementation Program
Project Title	Wilkinson County Sheriff's Office Body-Worn Camera Program Enhancement
Proposed Start Date	08/15/15
Proposed End Date	08/15/15
Funding Amount Requested	\$9,523

Part 3: Please identify the project location and applicant type

Project Location and Applicant Type	
Project Location (City, State)	Irwinton, Georgia
Applicant Type (Tribal Nation, State, County, City, Nonprofit, Other)	County



U.S. Department of Justice
Office of Justice Programs

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Part 4: Please provide a project abstract

Enter additional project abstract information. Unless otherwise specified in the solicitation, this information includes:

- Brief description of the problem to be addressed and target area and population
- Project goals and objectives
- Brief statement of project strategy or overall program
- Description of any significant partnerships
- Anticipated outcomes and major deliverables

Text should be single spaced; do not exceed 400 words.

Project Abstract

Wilkinson County is applying for federal funding to expand and enhance its body-worn camera program through the Bureau of Justice Assistance's Body-Worn Camera Pilot Implementation Program. The Wilkinson County Sheriff's Office will be the lead agency for this grant. Cameras will be deployed to all patrol deputies and jail officers. Under the Sheriff's Office's current program, sound policies are in place, but the existing camera system is not completely secure. The current camera system does not ensure the integrity of the chain of video evidence, restricting the ability of the Ocmulgee Judicial Circuit District Attorney's Office to utilize video evidence in prosecution and not providing a proper safeguard for the rights of citizens.

Wilkinson County would utilize this grant to enhance its policies and purchase a new secure and comprehensive 25-camera system. This secure system would increase transparency and accountability for sheriff's deputies and jail officers while adding a new degree of protection to the civil rights of Wilkinson County residents. Wilkinson County is a rural, racially diverse community with a below average median household income. The county could provide the Bureau of Justice Assistance valuable information about operating a body-worn camera in this type of community.

The Sheriff's Office has a long-standing Community Outreach Program and intends to incorporate body-worn camera demonstrations and discussions into their outreach efforts, adjusting policies as needed to better suit community needs. The Middle Georgia Regional Commission has agreed to serve as a conduit for information sharing regarding Wilkinson County's experiences with body-worn cameras, providing a hub for information sharing and collaboration within its 20-city, 11-county region.




Part 5: Please indicate whether OJP has permission to share the project abstract

If the applicant is willing for the Office of Justice Programs (OJP), in its discretion, to make the information in the project abstract above publicly available, please complete the consent section below. Please note, the applicant's decision whether to grant OJP permission to publicly release this information will not affect OJP's funding decisions. Also, if the application is not funded, granting permission will not guarantee that information will be shared, nor will it guarantee funding from any other source.

☐ Permission not granted

☒ Permission granted (Fill in authorized official consent below.)

On behalf of the applicant named above, I consent to the information in the project abstract above (including contact information) being made public, at the discretion of OJP consistent with applicable policies. I understand that this consent is only necessary to the extent that my application is unfunded; information submitted in an application that is funded (including this abstract) is always releasable to the public consistent with FOIA rules. I certify that I have the authority to provide this consent.

Authorized Official (AO) Consent	
Signature	Date
	
AO Name	David Franks
Title	County Manager
Organization Name	Wilkinson County
Phone Number	478-946-4303
Email Address	dfranks@wilkinsoncounty.net

Note: This document is to be submitted as a separate attachment with a file name that contains the words "**Project Abstract.**"

