

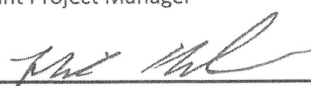


NEW GRANT SET-UP FORM

Departments that have received a grant award must complete this form and submit it to the Grants Coordinator, along with a copy of the fully executed grant agreement, PRIOR to incurring any grant related expenses. Funds will become available for spending after revenue and expenditure codes are established by Office of Budget and Finance and a budget resolution has been adopted by the City Council.

1. DEPARTMENT (Grant Applicant/Contact Person)		2. GRANT DATA	
Name:	<u>LaFayette Hodges</u>	Grant Title:	<u>FY 21/22 FIBRS Implementation Assistance Prog.</u>
Title:	<u>Grants & Sustainability Coordinator</u>	Funding Agency:	<u>Florida Department of Law Enforcement</u>
Phone:	<u>352-369-7085</u>	Grant Award Date:	<u>11/29/21</u>
Fax No.:	<u>352-369-7223</u>	Period of Performance:	<u>7/1/21-6/30/22</u>
3. FINANCIAL DATA		5. STAFFING REQUIREMENTS	
Amount of Grant Award:	<u>\$44,671.36</u>	Anticipated Salary Costs:	<u>N/A</u>
Amount of Matching Funds:	<u>\$0</u>	Anticipated Overtime Costs:	<u>N/A</u>
Amount of in-kind (specify source):	<u>N/A</u>	Anticipated Benefit Costs:	<u>N/A</u>
Total project amount:	<u>\$44671.36</u>	Will fund existing or new employees?	<u>No</u>
Amount of Future Financial Obligations/Commitments:	<u>\$2,000(benefits)</u>		
6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:			
<u>The funding from this grant will support the transition to incident-based crime data reporting.</u>			
7. COUNCIL APPROVAL			
Has the budget resolution and contract been approved by City Council?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide the meeting date(s) of approval. _____			
If no, please provide the anticipated meeting date items will be presented to City Council.		<u>1/18/22</u>	

REQUIRED SIGNATURES

<u>Lafayette Hodges</u>	<u>12/27/2021</u>
Grant Project Manager	Date
	<u>12/27/2021</u>
Department Director	Date
<u>C. Dawson</u>	<u>1-4-22</u>
Grants Coordinator	Date

OFFICE OF BUDGET & FINANCE USE ONLY	
Assigned Expenditure Code:	<u>001-050-815</u>
Assigned Revenue Code:	<u>001-334-000-000-09-33124</u>
Date Department Notified of Appropriate Account Code:	<u>1-4-22</u>

Handwritten notes: DIV 815, 220003, Munio, CC GRF/M