



**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 Finance and a budget resolution has been adopted by the City Council.

<b>1. DEPARTMENT (Grant Applicant/Contact Person)</b>		<b>2. GRANT DATA</b>	
Name:	<u>Lafayette Hodges</u>	Grant Title:	<u>School Security Assessment Program</u>
Title:	<u>Grants &amp; Sustainability Coordinator</u>	Funding Agency:	<u>FDLE</u>
Phone:	<u>352-369-7085</u>	Grant Award Date:	<u>10/1/2024</u>
Department:	<u>Ocala Police Department</u>	Period of Performance:	<u>09/1/24-06/30/25</u>
<b>3. FINANCIAL DATA</b>		<b>4. STAFFING REQUIREMENTS</b>	
Amount of Grant Award:	<u>\$3956</u>	Anticipated Salary Costs:	<u>N/A</u>
Amount of Matching Funds:	<u>0</u>	Anticipated Overtime Costs:	<u>\$ 3693</u>
Amount of in-kind (specify source):	<u>0</u>	Anticipated Benefit Costs:	<u>263</u>
Total project amount:	<u>\$3956</u>	Will fund existing or new employees?	<u>No</u>
Amount of Future Financial Obligations/Commitments:	<u></u>		
<b>5. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:</b>			
<u>Overtime to assist private schools within the city limits with security assessments.</u>			
<b>6. COUNCIL APPROVAL</b>			
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. <u></u>			
If no, please provide the anticipated meeting date items will be presented to City Council. <u>02/04/25</u>			

**REQUIRED SIGNATURES**

<u>Lafayette Hodges</u>	<u>1/15/24</u>
Grant Project Manager	Date
<u>[Signature]</u>	<u>1/16/25</u>
Department Director	Date
<u>Cathy Lawson</u>	<u>1-24-25</u>
Grants Coordinator	Date

<b>OFFICE OF BUDGET &amp; MANAGEMENT USE ONLY</b>	
Assigned Expenditure Code:	<u>001-060-847A</u>
Assigned Revenue Code:	<u>001-331-000-000-09-33036</u>
Date Department Notified of Appropriate Account Code:	<u></u>
Grant/Reimburse:	<u></u>
CFDA/CSFA #:	<u>71192</u>

Appendix B  
AIR 001-133-000-000-33-136 munis  
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