



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>Joint Law Enforcement Officer Program</u>
Title: <u>Grants Coordinator</u>	Funding Agency: <u>Department of Justice</u>
Phone: <u>352-369-7085</u>	Grant Award Date: <u>Dec 9, 2024</u>
Fax No.: <u>lhodges@ocalapd.gov</u>	Period of Performance: <u>10/24/24-9/30/25</u>

3. FINANCIAL DATA	5. STAFFING REQUIREMENTS
Amount of Grant Award: <u>10,000</u>	Anticipated Salary Costs: <u>0</u>
Amount of Matching Funds: <u>0</u>	Anticipated Overtime Costs: <u>0</u>
Amount of in-kind (specify source): <u>0</u>	Anticipated Benefit Costs: <u>0</u>
Total project amount: <u>10,000</u>	Will fund existing or new employees? <u>0</u>
Amount of Future Financial Obligations/Commitments: <u>The City will absorb any residual costs</u>	

6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:
 Reimbursement for Overtime to investigate and apprehend local, state and federal fugitives, thereby improving public safety and reducing violent crimes.

Previously assigned 060-883; Revenue code 001-060-331-000-000-09-33233; MUNIS Contract# 240856

7. COUNCIL APPROVAL

Has the budget resolution and contract been approved by City Council? Yes No

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. Jan 7, 2024

REQUIRED SIGNATURES

<u>LaFayette Hodges</u>	<u>December 10, 2024</u>
Grant Project Manager	Date
<u><i>Neil Bell</i></u>	<u>12/11/24</u>
Department Director	Date
Grants Coordinator	Date

OFFICE OF BUDGET & FINANCE USE ONLY	
Assigned Expenditure Code: <u>001-060-883*</u>	MCN: 250271
Assigned Revenue Code: <u>001-331-000-000-09-33233</u>	Div: 883
Date Department Notified of Appropriate Account Code: _____	Charge Code: GPDJEO