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)

Name: Lafayetta Hodges

Title: Grants Coordinator

Phone: 352-369-7085

Fax No.:

2. GRANT DATA

Grant Title: Bullet Proof Vest

Funding Agency: USDOJ

Grant Award Date: 9/21/2022

Period of Performance: October 1, 2023 to September 30, 2024

3. FINANCIAL DATA

Amount of Grant Award: 23,025

Amount of Matching Funds: 23.025

Amount of in-kind (specify source):

Total project amount: 46,050

Amount of Future Financial Obligations/Commitments:

5. STAFFING REQUIREMENTS

Anticipated Salary Costs:

Anticipated Overtime Costs:

Anticipated Benefit Costs:

Will fund existing or new employees?

6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:

The Office of Justice Programs Bullet Proof Vest Partnership pays for half of every ballistic vest that the Ocala Police Department purchases to ensure officer safety while complying with department mandatory wear policies. The regular cost of a ballistic vest package is $ 910.28 ; this grant brings that price down to $ 455.14 each allowing the department to order and replace a larger quantity of vests.

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. Nov 29, 2022

REQUIRED SIGNATURES

Lafayetta Hodges — 11/7/2022

Grant Project Manager — Date

Department Director — Date

Jessica Brown Digitally signed by Jessica Brown Date: 2022.11.29 11:27:44 -05'00' — 11/29/22

Grants Coordinator — Date

OFFICE OF BUDGET & FINANCE USE ONLY

Assigned Expenditure Code: 001-060-849-*

Assigned Revenue Code: 001-331-000-000-09-33125

Date Department Notified of Appropriate Account Code:

Div 849
MCN 230062

Appendix B