

**Agreement for State Financial Assistance Between
Florida Department of Law Enforcement
And
Ocala Police Department**

GRANT ADJUSTMENT NOTICE

RECIPIENT: Ocala Police Department

PROJECT TITLE: FY23-24 State Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program

GRANT AGREEMENT NUMBER: 2023-SAFE-SF-027 **ADJUSTMENT NUMBER:** 1

NATURE OF ADJUSTMENT: Project Extension and Fringe Benefits Addition

TO RECIPIENT:

WHEREAS the Florida Department of Law Enforcement and the Ocala Police Department entered into aforementioned Grant, dated October 26, 2023; and

WHEREAS the Parties to the aforementioned Grant agree that all provisions of that Grant and all Adjustments should remain in full force and effect except those amended hereby;

WHEREAS the State of Florida Governor signed the General Appropriations Act of 2024, which provides funding for the S.A.F.E. in Florida Program's continued operation into State Fiscal Year 2024-2025;

NOW, THEREFORE, in consideration of the mutual recognition of the Parties that the adjustments herein proposed will promote the efficient and effective performance of the contractual requirements, the aforementioned Grant is amended as follows:

1. Page 1, the **Project Period:** narrative is amended and now reads:

Project Period: 07/01/2023 – 06/30/2025

2. Page 2, the **OVERVIEW AND FUNDING's Project End Date** is amended and now reads:

Project End Date: 06/30/2025

3. Page 2, the **Deliverables, Performance and Reports** narrative is amended and now reads:

Recipient agencies will conduct operations during the 2023-2024 and 2024-2025 state fiscal years according to the signed initial and subsequent Mutual Aid Agreements (MAA). Activities shall be considered authorized only when approved by the S.A.F.E. Executive Board. The Recipient shall maintain activity logs that demonstrate the involvement of specific employees or agents provided by the parties to this agreement.

The deliverables for this agreement are the completion of one or more of the activities listed in the Scope of Work. The minimum performance for these activities will be determined based on the needs of each investigation.

**Agreement for State Financial Assistance Between
Florida Department of Law Enforcement
And
Ocala Police Department**

Documentation of performance and deliverables will consist of signature certification by the Regional Special Agent in Charge (SAC) on each payment invoice. FDLE will approve the specific required services and activities and associated costs based on the nature of each investigation. Active criminal intelligence information, active criminal investigative information, and information revealing surveillance techniques, procedures, or personnel are exempt from public records disclosures under section 119.071(2), F.S.; therefore, specific activities will not be detailed in this agreement or subsequent performance or expenditures reports.

4. Page 3, the **Overtime (Salaries and Benefits)**: narrative is amended and now reads:

Grant funds will be used to pay overtime or straight-time pay in excess of Recipient personnel's contracted regular pay hours for participating in the S.A.F.E. in Florida Program. Employer portion of FICA, retirement, worker's compensation, and other allowable benefits may be requested for reimbursement on overtime expenses. Other allowable benefits are at the sole discretion of FDLE.

In order to receive reimbursement, the Recipient will provide supporting backup documentation for all overtime costs, to consist of timesheets supporting time worked was in excess of the individual's regular pay and contracted hours, payroll records supporting the amount of personnel costs paid, and time/activity records supporting time worked were for approved S.A.F.E. in Florida Program activities.

5. Page 5, the **Fiscal Year 2023-2024 State Financial Assistance Standard Conditions** header is relabeled and now reads:

State Financial Assistance Standard Conditions

**Agreement for State Financial Assistance Between
Florida Department of Law Enforcement
And
Ocala Police Department**

GRANT ADJUSTMENT NOTICE SIGNATURES:

In witness whereof, the parties affirm they each have read and agree to the conditions set forth in this agreement, have read and understand the agreement in its entirety and have executed this agreement by their duly authorized officers on the date, month and year set out below.

Corrections on this page, including strikeouts, whiteout, etc. are not permitted.

**Florida Department of Law Enforcement
Business Support Program**

Bureau Chief Signature: _____

Printed Name and Title: _____

Date: _____

**Recipient
Ocala Police Department**

Agency Head/Chief Official Signature: _____

Printed Name and Title: _____

Date: _____