



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: <u>LaFayette Hodges</u> Title: <u>Grants Coordinator</u> Phone: <u>352-369-7085</u> Fax No.: <u>lhodges@ocalapd.gov</u>		2. GRANT DATA Grant Title: <u>OPD Chaplain's Program</u> Funding Agency: <u>FDLE</u> Grant Award Date: <u>10/01/2024</u> Period of Performance: <u>July 1, 2025 - June 30, 2026</u>	
3. FINANCIAL DATA Amount of Grant Award: <u>99,694</u> Amount of Matching Funds: <u>0</u> Amount of in-kind (specify source): <u>0</u> Total project amount: <u>28,577</u> Amount of Future Financial Obligations/Commitments: _____		5. STAFFING REQUIREMENTS Anticipated Salary Costs: <u>63,800</u> Anticipated Overtime Costs: <u>0</u> Anticipated Benefit Costs: <u>25,835</u> Will fund existing or new employees? <u>0</u> The City will absorb any residual costs _____	
6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT: To fund a full time police chaplain position that provides emotional, spiritual and crisis support to the Ocala Police Department personnel, and their families while also enhancing departmental wellness initiatives and strengthening community outreach efforts.			
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>Jun 17, 2025</u>			

REQUIRED SIGNATURES

LaFayette Hodges	May 29, 2025
Grant Project Manager	Date
	<u>05/29/25</u>
Department Director	Date

Grants Coordinator	Date
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OFFICE OF BUDGET & FINANCE USE ONLY

Assigned Expenditure Code: _____
Assigned Revenue Code: _____
Date Department Notified of Appropriate Account Code: _____



April 24, 2025

VIA ELECTRONIC MAIL ONLY

Lyn Cole, Director of Support Services
Ocala Police Department
402 S. Pine Avenue
Ocala, FL 34471

Re: Award for Chaplain Program – Fiscal Year 2025-2026

Dear Ms. Cole:

The intent of this letter is to confirm Lutheran Services Florida, Inc. d/b/a LSF Health Systems' commitment to fund the Ocala Police Department's Chaplain Program, at the full request of \$99,694, through a Purchase Order (PO) Agreement. The effective date will be July 1, 2025, and will go through the entire fiscal year, June 30, 2026. If we have available funds to continue the program for subsequent fiscal years we will extend the Purchase Order Agreement accordingly.

Please note that all of our funding is subject to the availability of funds from the Florida Department of Children and Families (DCF).

Sincerely,

A handwritten signature in blue ink that reads "Dr. Christine Cauffield".

Dr. Christine Cauffield, CEO
LSF Health Systems

