

# FUNDING REQUEST

FY23-24 STATE FINANCIAL ASSISTANCE FOR FENTANYL ERADICATION (S.A.F.E.) IN FLORIDA PROGRAM

## PROJECT ACTIVITIES AND TIMELINE

Grant funds will be used to conduct investigations designed to combat illegal fentanyl activity as approved by the S.A.F.E. Executive Board. The Recipient will be responsible for the tasks and activities defined in the requested case, referenced below.

DESCRIPTION AND/OR CASE NAME	BUDGET REQUEST AMOUNT	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
(These are simultaneous investigations)	\$74,313	03/31/24	04/28/24

- Initial Request       Supplemental Request

## BUDGET

**Is this case being funded by another agency, grant, or other funding source?**

- No  
 Yes (please provide details below)

**To support the activities defined in the referenced case, check any categories below that are anticipated costs:**

Overtime for personnel (including overtime fringe benefits)  
Estimated overtime hours are 640 for the four-week planned investigative time frame. The average overtime rate is \$63.00 (rounded) x 640 hours of overtime = \$40,320.

- This estimate is derived from the intention of eight (8) drug agents each working a mandated 20 hours of overtime per week on this case throughout the four (4) week planned investigative time frame. (20 hours per week x 8 personnel = 160 hours of overtime x 4 weeks = 640 hours of overtime)
  - The mandated overtime hours are derived from the intention of eight (8) drug agents working overtime hours monitoring two Title III lines (one for each operation named above), conducting surveillance, and completing the required reports of their activities. It also includes the planning, drafting, and service of search warrants, arrest warrants, and processing evidence.

- Travel Costs  
 Supplies  
 Contractual Service (transcription services, etc.)  
 Equipment  
 Training  
 Other Costs (Title III Cost Details, Undercover Payments, etc. Explain below.):

Pre-approval for equipment and trainings is required. Please include as much information as possible in the description. Outside of investigative costs, priority will be given to send fiscally constrained counties to the appropriate drug investigation trainings.

CATEGORY	DESCRIPTION	TOTAL COST
----------	-------------	------------

Equipment (OCO)	One (1) Thermo Fisher TruNarc unlimited mode. Includes factory repair, loaner units when available and 24/7 technical support. Companion PC TruNarc admin software, unlimited access to TruNarc eLearning course and free basic software updates to core narcotics library for the life of the instrument. Includes on site instructor led training.	\$30,800
	One (1) TruNarc Solution Kit with 100 sticks	\$693
Training		
<b>Equipment/Trainings Request Subtotal</b>		<b>\$31,493</b>
<small>(this subtotal should be part of the total budget amount above)</small>		

### RECIPIENT CONTACT INFORMATION

RECIPIENT GRANT MANAGER		RECIPIENT CHIEF OFFICIAL		RECIPIENT CHIEF FINANCIAL OFFICER	
Name:	Lafayette Hodges	Name:	Michael Balken	Name:	Catherine Larson
Title:	Grants Coordinator	Title:	Chief of Police	Title:	Fiscal Operations Officer (CFO Designee)
Address:	402 South Pine Avenue Ocala, FL 34471	Address:	402 South Pine Avenue Ocala, FL 34471	Address:	201 SE 3 <sup>rd</sup> Street Ocala, FL 34471
Phone:	352-369-7085	Phone:	352-369-7000	Phone:	352-629-8235
Email:	lhodges@ocalapd.gov	Email:	mbalken@ocalapd.gov	Email:	clarson@ocalaf1.gov

### AGENCY INFORMATION

Agency Name: Ocala Police Department  
 FEID/FEIN: 59-6000392  
 Remittance Address: 201 SE 3<sup>rd</sup> Street Ocala, FL 34471

I hereby certify that I have reviewed the request above and find them necessary for program activities. I am the signing authority or have been delegated as such by the appropriate official. Information regarding the signing authority is available for review if needed.

  
 Recipient Chief Official or Designee Signature

04/01/24  
 Date

CHIEF OF POLICE, MIKE BALKEN  
 Recipient Chief Official or Designee Printed Title and Name

### FOR FDLE USE

FDLE Case #:	
Approved Amount:	
Comments:	

  
 FDLE Special Agent in Charge (SAC) Signature

4-3-24  
 Date

FDLE SAC Printed Name

FDLE S.A.F.E. Executive Board Member Signature

Date

FDLE S.A.F.E. Executive Board Member Printed Title and Name