




### 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.

<b>1. DEPARTMENT (Grant Applicant/Contact Person)</b> Name: <u>LaFayette Hodges</u> Title: <u>Grants Coordinator</u> Phone: <u>352-369-7085</u> Fax No.: <u>lhodges@ocalapd.gov</u>	<b>2. GRANT DATA</b> Grant Title: <u>SAFE (State Assistance for Fentanyl Eradication)</u> Funding Agency: <u>FDLE</u> Grant Award Date: _____ Period of Performance: <u>10/019/2023-3/1/2024</u>
<b>3. FINANCIAL DATA</b> Amount of Grant Award: <u>25,250</u> Amount of Matching Funds: <u>0</u> Amount of in-kind (specify source): <u>0</u> Total project amount: <u>25,250</u> Amount of Future Financial Obligations/Commitments: _____	<b>5. STAFFING REQUIREMENTS</b> Anticipated Salary Costs: <u>0</u> Anticipated Overtime Costs: <u>20,000</u> Anticipated Benefit Costs: <u>5,250</u> Will fund existing or new employees? <u>0</u>
<b>6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:</b> Funding will fund overtime expenses for 10 drug agents to complete a 16 week operation with the purpose of eradicating Fentanyl in our community.	
<b>7. COUNCIL APPROVAL</b> 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>Nov 7, 2023</u>	

#### REQUIRED SIGNATURES

LaFayette Hodges	Oct 23, 2023
Grant Project Manager	Date
	<u>10/24/23</u>
Department Director	Date
Grants Coordinator	Date

#### OFFICE OF BUDGET & FINANCE USE ONLY

Assigned Expenditure Code: \_\_\_\_\_  
Assigned Revenue Code: \_\_\_\_\_  
Date Department Notified of Appropriate Account Code: \_\_\_\_\_