



**GRANT APPLICATION INFORMATION FORM**

All grant proposals/applications must be registered with the Office of Budget and Finance. Departments applying for a grant are requested to complete and submit this form, electronically or in person, to applicable individuals listed below. The Department Director must certify cash match availability, when required, prior to pursuing grant proposal.

<b>1. DEPARTMENT (Grant Applicant/Contact Person)</b>	<b>2. GRANT DATA</b>
Name: <u>LaFayette Hodges</u>	Grant Title: <u>OPD Technology Initiative</u>
Title: <u>Grants Coordinator</u>	Funding Agency: <u>Office of Criminal Justice FDLE</u>
Phone: <u>352-369-7085</u>	Application Due Date: <u>10/19/22</u>
Fax No.: <u>352-369-7223</u>	Other Departments Involved: <u>N/A</u>

<b>3. FINANCIAL DATA</b>	<b>5. STAFFING REQUIREMENTS</b>
Amount of Grant Request: <u>25,100</u>	Anticipated Salary Costs: <u>\$0</u>
Amount of Matching Funds: <u>\$0</u>	Anticipated Overtime Costs: <u>\$0</u>
Amount of in-kind (specify source): _____	Anticipated Benefit Costs: <u>\$0</u>
Total project amount: <u>\$25,100</u>	Will fund existing or new employees? <u>No</u>
Amount of Future Financial Obligations/Commitments: _____	<u>\$2900 in potential residual costs</u>

**5. CASH MATCH CERTIFICATION**

Department Director certified cash match availability: Yes  N/A

Account # for Matching Funds: \_\_\_\_\_

**6. BRIEF DESCRIPTION OF THE PURPOSE OF THE GRANT**

Grant funding will be used to purchase Rapid ID systems. This will allow our agency to modernize policing practices as it relates to verifying suspects from the field. The Rapid ID system gives officers the ability to run mobile identification, on the spot, during traffic stops and daily encounters to quickly check to see if a person is known or wanted for criminal activity. This will allow officers to better protect themselves and the community.

**7. COUNCIL APPROVAL**

Is council approval a requirement for the application submittal process? Yes  No

If yes, indicate the date of the meeting when the proposal/application will be presented to the City Council. 9/20/22

**REQUIRED SIGNATURES**

Lafayette Hodges 8/29/22  
 Grant Applicant Date

 08/30/22  
 Department Director Date

\_\_\_\_\_  
 Grants Coordinator Date



**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>	<b>2. GRANT DATA</b>
Name: <u>LaFayette Hodges</u>	Grant Title: <u>OPD Technology Initiative</u>
Title: <u>Grant Coordinator</u>	Funding Agency: <u>Office of Criminal Justice - FDLE</u>
Phone: <u>352-369-7085</u>	Grant Award Date: _____
Fax No.: <u>352-369-7223</u>	Period of Performance: _____

<b>3. FINANCIAL DATA</b>	<b>5. STAFFING REQUIREMENTS</b>
Amount of Grant Award: <u>\$25,100</u>	Anticipated Salary Costs: <u>\$0</u>
Amount of Matching Funds: <u>\$0</u>	Anticipated Overtime Costs: <u>\$0</u>
Amount of in-kind (specify source): <u>\$0</u>	Anticipated Benefit Costs: <u>\$0</u>
Total project amount: <u>\$25,100</u>	Will fund existing or new employees? <u>\$0</u>
Amount of Future Financial Obligations/Commitments: _____	<u>\$2900 in potential residual costs</u>

**6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:**  
Grant funding will be used to purchase Rapid ID systems. This will allow our agency to modernize policing practices as it relates to verifying suspects from the field. The Rapid ID system gives officers the ability to run mobile identification, on the spot, during traffic stops and daily encounters to quickly check to see if a person is known or wanted for criminal activity. This will allow officers to better protect themselves and the community.

**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. 9/20/22

**REQUIRED SIGNATURES**

LaFayette Hodges	8/29/22
Grant Project Manager	Date
	<u>08/30/22</u>
Department Director	Date
Grants Coordinator	Date

<b>OFFICE OF BUDGET &amp; FINANCE USE ONLY</b>		<b>MCN # 220795</b>
Assigned Expenditure Code:	<u>001-050-837*</u>	
Assigned Revenue Code:	<u>001-334-000-000-09-33124</u>	
Date Department Notified of Appropriate Account Code:	<u>8/31/22</u>	