Funding Request

FY25-26 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, case name, or case # | Funding Request Amount | Anticipated Start Date | ANticipated Completion Date |
|  | $ |  |  |

Initial Request  Supplemental Request\*

\*Include the supplemental request amount in “Funding Request Amount” above; Do not include any previous requests or awarded amounts. Complete the budget request below with details relating to this request, not previous funding.

# Budget

Is this case being funded in part or whole by another agency, grant, or other funding source (HIDTA, etc.)?

No

Yes (please provide details below)

|  |
| --- |
|  |

To support the activities defined in the referenced case, include budget details below.

Outside of investigative costs, priority will be given to send fiscally constrained counties to the appropriate drug investigation trainings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Note | Description | Requested Funds | FDLE Approved FundsFor FDLE Use Only |
| Overtime for Personnel | Fringe benefits are not allowable costs with this round of funding. |  | $ | **$** |
| Training | Pre-approval for trainings is required. Please include as much information as possible in the description. |  | $ | **$** |
| Travel Costs |  |  | $ | **$** |
| Supplies |  |  | $ | **$** |
| Equipment | Pre-approval for equipment is required. Please include as much information as possible in the description. |  | $ | **$** |
| Contractual Services | Transcription services, etc. |  | $ | **$** |
| Other Costs | Title III Cost Details, Undercover Payments, etc. Please provide details. |  | $ | **$** |
| **Total** | | | **$** | **$** |

# Recipient Contact Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recipient Grant Manager | | |  | Recipient Chief Official | | |  | Recipient Chief Financial Officer | | |
| Name: |  | |  | Name: |  | |  | Name: | |  |
| Title: |  | |  | Title: |  | |  | Title: | |  |
| Address: |  | |  | Address: |  | |  | Address: | |  |
| Phone: |  | |  | Phone: |  | |  | Phone: | |  |
| Email: |  | |  | Email: |  | |  | Email: | |  |
|  |  | |  |  |  | |  |  | |  |
|  |  | |  |  |  | |  |  | |  |
| Agency Information | | | | | | | | | | |
| Agency Name: | |  | | | | FEID/FEIN: | | |  | |
| Remittance Address: | |  | | | | | | | | |

I hereby certify, by initialing on each line and signing below, that...

1. \_\_\_\_\_\_\_\_\_ I have reviewed the request(s) above and find them necessary for program activities.

2. \_\_\_\_\_\_\_\_\_ All above request(s) are only to be used for the case mentioned above.

3. \_\_\_\_\_\_\_\_\_ I am the signing authority or have been delegated as such by the appropriate official and information regarding the signing authority is available for review if needed.

4. \_\_\_\_\_\_\_\_\_ Supplemental funding requests shall be submitted when additional funding and/or items are necessary for the completion of the program’s activities. Any financial obligations and/or expenses incurred by my agency before FDLE’s approval of any supplemental request(s) may result in said obligations and/or costs not being eligible for reimbursement under any S.A.F.E. In Florida Program award.

5. \_\_\_\_\_\_\_\_\_ FDLE shall be notified at [OPBFunding@fdle.state.fl.us](mailto:OPBFunding@fdle.state.fl.us) when this case’s program activities are closed. Our agency acknowledges that upon notifying FDLE of this case’s closure, our agency shall have forty-five (45) calendar days to submit all reimbursement requests.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Recipient Chief Official or Designee Signature |  | Date |  | Recipient Chief Official or Designee Printed Title and Name |

# For FDLE Use

|  |  |
| --- | --- |
| FDLE Case #: |  |
| Comments: |  |

By signing below, this request is authorized by the FDLE S.A.F.E. Executive Board for the amounts listed in the FDLE Approved Cost column of the budget table above, and comments listed in this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FDLE Chief of Planning and Budgeting Signature |  | Date |  | FDLE Chief of Planning and Budgeting Printed Name |
|  |  |  |  |  |