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 |
|  | $ |  |  |

[ ]  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)

[ ]  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)  |  |  |
| Training  |  |  |
| **Equipment/Trainings Request Subtotal**(this subtotal should be part of the total budget amount above) |  |  |

# 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 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 |  | Date |  | Recipient Chief Official or Designee Printed Title and Name |

# For FDLE Use

|  |  |
| --- | --- |
| FDLE Case #: |  |
| Approved Amount: |  |
| Comments: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FDLE Special Agent in Charge (SAC) Signature |  | 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 |