CASE & funding Request

FY25-26 Online Sting Operations Grant Program for Local Law Enforcement State Financial Assistance

# Goals

The goals defined below are related to creating sting operations to target individuals online-preying upon children, or attempting to do so.

|  |
| --- |
| Description of Goal |
| Identify / Disrupt / Dismantle activities by online offenders soliciting children online. |
| Arrest and prosecution of identified offenders, along with the identification of prior and current victims. |
| Seize vehicles, electronic devices, and mobile devices used during the commission of a crime. |
| Conduct digital forensic exams on seized electronic devices to identify other victims and for the collection of digital evidence for case prosecution. |

# Case Details

|  |  |
| --- | --- |
| Requesting Agency: |  |
| Case Name (if a specific operation) |  |
| Anticipated Start Date: |  |
| Anticipated Completion Date: |  |
| Current/On-Going Investigative Efforts: |  |
| Deconfliction Conducted: | [ ]  ICACCOPS (ICACCOPS)[ ]  ICAC Data Systems (IDS)[ ]  CPS Gridcop[ ]  Other (please explain) |

# Requirements and Eligibility

This program is open to local law enforcement agencies in the State of Florida, and is a cost reimbursement grant. Additional requirements are listed below.

* Applicants must be a signed affiliate with its regional Internet Crimes Against Children (ICAC) Task Force. You must obtain and attach to this request a Letter of Support from your agency’s ICAC Commander. To qualify for a letter of support, the ICAC Commander will review the following requirements:
	+ Individuals using requested equipment have attended required ICAC training.
	+ The agency adheres to ICAC standards.
* Renewal costs for requested equipment and software beyond the grant period must be covered by the recipient agency.
* Recipients must provide performance measures each month along with the reimbursement claim:
	+ # Arrests made
	+ # Children rescued
	+ # Seizures/ Vehicles
	+ # Victims identified
	+ # Digital devices examined

# Budget

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

[ ]  No

[ ]  Yes (please provide details below)

|  |
| --- |
|  |

Disallowed Costs are listed below.

* Personnel costs
* Training costs
* Trinkets and giveaways
* Community outreach and education activities
* Construction/remodels
* Food and beverage
* Transportation or travel costs

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

Please add rows as needed to the table below to itemize each supply, equipment, or other cost being requested utilizing the (+) in the bottom right corner of the table i.e. Equipment/Supplies Description: (2) Unlocked Tablets at $700 Each; Requested Funds: $1,200.

[ ]  Initial Request [ ]  Supplemental Request\*

\*Do not include any previous requests or awarded amounts. Complete the budget request below with details relating to this request, not previous funding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Note | Description | Requested Funds | FDLE Approved Funds For FDLE Use Only |
| Equipment/Supplies | Only computers, electronics, other related items |  | $ | **$** |
| Other Costs | Only software and related items |  | $ | **$** |
| **Total** | **$** | **$** |

# 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 that I have reviewed the request above and find the request necessary for program activities. Attached is the Letter of Support from our regional ICAC commander. 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 # (if applicable): |  |
| Comments: |  |

By signing below, this request is authorized 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 |
|  |  |  |  |  |